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CITY OF
COVENTRY



Health Services
Annual Report 1969

T. MORRISON CLAYTON, M.D., B.S., B.Hy., D.P.H

CITY OF



COVENTRY

THE HEALTH SERVICES OF COVENTRY IN 1969

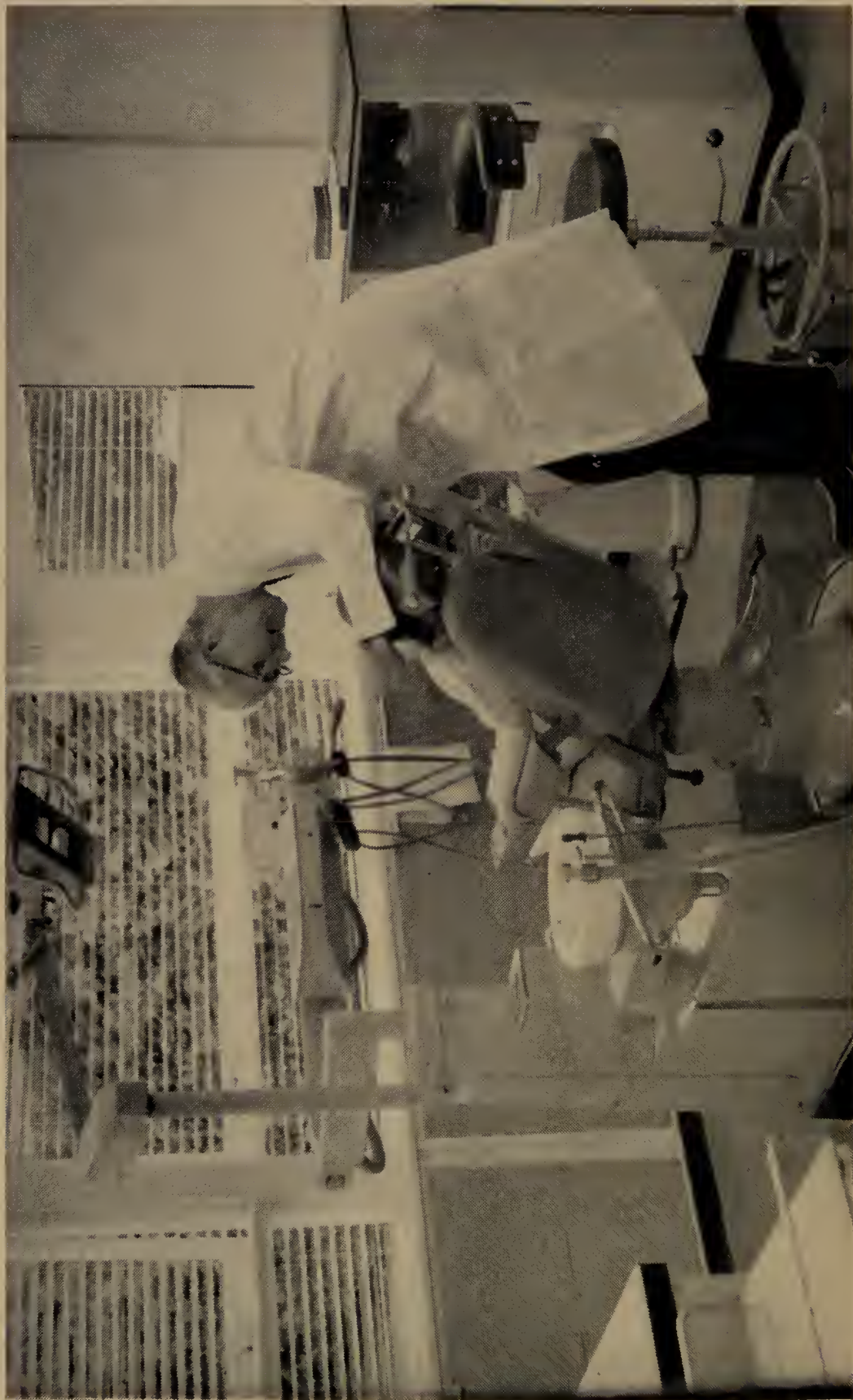
BEING THE

ANNUAL REPORT

BY THE MEDICAL OFFICER OF HEALTH

T. MORRISON CLAYTON

M.D., B.S., B.Hy., D.P.H.



Dental Examination in the new Coundon Dental Clinic.

HEALTH AND WELFARE COMMITTEE

as at 31st December, 1969

Chairman

Alderman P. C. Phillips

Vice-Chairman

Councillor E. A. Inott

Alderman E. J. Williams

Councillor K. H. Bassett

Councillor W. S. Brandish, J.P.

Councillor L. Engleman

Councillor M. A. Goodwin

Councillor E. C. Heath

Councillor Mrs. A. H. M. Jennings

Councillor J. A. Kinnie

Councillor A. T. Magraw

Councillor A. D. Smith

Councillor Mrs. P. M. Thorley

Councillor A. White

Co-opted Members

Doctor J. Ballantyne

Mr. J. A. Leaver

Mrs. B. S. Mark, J.P.

Mr. S. Smith

Mrs. E. S. Bausor

STAFF OF HEALTH DEPARTMENT

Medical Officer of Health, Principal School Medical Officer, Medical Advisor to Children's and Welfare Committee:
T. Morrison Clayton, M.D., B.S., B.Hy., D.P.H.

Deputy Medical Officer of Health, Deputy Principal School Medical Officer:
G. T. Pollock, M.B., Ch.B., D.P.H.

Senior Medical Officer Maternity and Child Health
Janet Margaret Done, M.D., B.S., D.P.H., D.R.C.O.G.

Senior School Medical Officer:
Margaret M. R. Gaffney, M.B., B.C.L., B.A.O., D.P.H., D.C.H.

Senior Medical Officer Mental Health:
Mary Lawson, M.B., Ch.B., B.A.O., D.P.H.

Departmental Medical Officers:
Marion Hommers, M.B., Ch.B. (Part-time)
John B. Porter, L.R.C.P., L.R.C.S., L.R.F.P.S.
Evelyn M. Wilkins, M.B., Ch.B. (Part-time)
Mary D. Daly, M.B., B.S., M.R.C.S., L.R.C.P. (Part-time)
Mary Brennan, M.B., Ch.B., D.P.H., D.C.H.
Mary F. Keefe, M.B., Ch.B. (Part-time)
Savita Verma, M.B., B.S.
Amina Karim, M.B., B.S., D.C.H.
Elizabeth A. Galbraith, B.A., M.B., B.Ch., B.A.O., L.M.
Tejwant Singh, M.B., B.S.
Momuddin Subhani, M.B., B.S. (Part-time)
Bidhan Chatterjee, B.Sc., M.B., B.S. (Part-time)

Medical Officer of Health's Personal Assistant:
Miss A. Elson

Health Visiting

Superintendent: Miss K. M. Davies, S.R.N., C.M.B., H.V.Cert.
Deputy Superintendent: Miss Dalton, S.R.N., S.C.M., Q.N., H.V.Cert.

Health Visitors (including Part-time)	..	..	..	..	56
School Nurses	..	..	..	..	5
State Registered Nurses (for Tuberculosis and Clinic Duties)					28
Student Health Visitors	..	..	..	..	3

Health Education Officer:
Mr. M. S. S. Udoh, N.R.N., S.R.N., D.H.E.(London)

Clerk/Projectionist:
Miss L. Davidson

Home Nursing Service:

Superintendent: Miss M. Wilkinson, S.R.N., S.C.M., H.V.Cert., Q.N.	
Deputy Superintendent: Mr. R. Haden, S.R.N., Q.N.	
Home Nurses (including Part-time)	55
Nursing Aides	9

Torrington House Hostel:

Warden: Mrs. R. Powell	
Deputy Warden: J. Unwin	
Assistant Wardens	4

Torrington House Senior Centre:

Supervisor: W. Lewis	
Deputy Supervisor: Mrs. S. Jones	
Supervisor/Teachers and other Staff	12
Domestic Staff	8

Torrington House Sheltered Workshop:

Manager: R. Stanley	
Deputy Manager: J. T. Browne	
Craft Instructors	5

Burns Road Junior Training Centre:

Supervisor: Mrs. M. Darnell	
Deputy Supervisor: Mrs. I. Maxwell	
Supervisor/Teachers and other Staff	12
Domestics	7

Special Care Unit, Wyken Grange Road:

Supervisor: Mrs. M. Brand	
Assistant Supervisors	6
Domestics	3

Broad Park Junior Training Centre:

Supervisor: Mrs. M. Johnson	
Senior Assistant: Mrs. G. Larsen	
Supervisor/Teachers and other Staff	9
Domestics	5

Broad Park Short Stay Home:

House Mother: Mrs. H. Rees	
Deputy Housemother: Mrs. Langley	
Other Staff (including domestics)	8

Ambulance Service:

Chief Ambulance Officer: T. A. Atherton, B.E.M.	
Deputy Chief Ambulance Officer: H. Petheram	
Station Officers	3
Ambulance Personnel	96

Health Centre:

Nursing Staff	3
Receptionists	4

Speech Therapy:

Senior Speech Therapist: Miss B. Carr	
Speech Therapists	3

Occupational Therapy:

Occupational Therapist: Miss P. M. West

Administrative and Clerical

Principal Administrative Assistant: F. Ellis
Deputy Principal Administrative Assistant: G. Hubbard, A.I.O.M.,
A.R.S.H.
Administrative Assistant, Health Services Division: Miss E. Stephen
Administrative Assistant, Mental Health: Miss B. Sanders, A.I.O.M.

Section Officers:

Finance: Miss D. Hickton	
Salaries, Wages, General Office and Enquiries: Mrs. M. Jesse	
School Health: Miss N. B. Griffin	
Typing Pool: Miss M. Goddard	
Provision of Nursing Equipment and Welfare Foods: Miss J. M. McGregor	
Clerical Staff	33
Storekeeper, Cleaners, Clinic Assistants	117

Day Nurseries:

Supervisor: Mrs. M. E. Williams, S.R.N.	
Deputy: Mrs. C. Crighton	
Matrons	9
Deputy Matrons	9
Wardens	7
Nursery Nurses/Nursery Assistants	46
Students	39
Inspector of Playgroups: Mrs. Ockendon	
Inspector of Childminders Acts: Mrs. C. Crighton	
Deputy Inspector, Childminders Acts: Mrs. M. E. Williams, S.R.N.	

Mental Health:

Acting Principal Mental Health Officer: Mrs. J. Gough, A.P.S.W.	
Area Mental Health Officers: Mr. M. Brassington, A.P.S.W.	
Mr. A. McElvanney, A.P.S.W.	
Senior Mental Health Officer, Child Guidance: Mrs. I. Edgar, A.P.S.W.	
Mental Health Officers	15

GENERAL STATISTICS

1969

Area in acres	..	..	..	..	20,165
Population (Census 1961)	..	..	..	..	305,060
Population (Estimate 1969)	..	..	..	..	335,650
Density of Population (1951) per acre	..	..	..	..	13.47
Density of Population (1968) per acre	..	..	..	..	16.65
Estimated number of inhabited dwellings (December 1969)					108,200
Average number of persons to each occupied house	..				3.11
Rateable value of City (December 1969)	..	..			£14,505,404
Sum represented by penny rate (estimated 1969-70)	..				£58,751

Live Births

	Males	Females	Total
(Legitimate)	2,837	2,734	5,571
(Illegitimate)	318	290	608

Total	3,155	3,024	6,179 = 18.4 births per 1,000 population
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Illegitimate live births = 9.8% of total live births

Stillbirths	44	41	85 = 14.0 per 1,000 births
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Deaths	1,731	1,406	3,137 = 9.3 per 1,000 population
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Total Maternal Deaths	..	..	..	..	..	00.0
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Maternity Mortality Rate	..	..	..	..	..	00.0
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Death rate of infants under one year:

(a) All infants	..	..	..	..	..	22.0
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(b) Legitimate infants per 1,000 live births	..	..	..	..	..	22.0
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(c) Illegitimate infants per 1,000 live births	..	..	..	..	..	26.0
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Neo Natal Mortality Rate (first four weeks)	..	..	..	..	..	13.0
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Early Neo Natal Mortality Rate (first week)	..	..	..	..	..	11.0
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Peri-Natal Mortality Rate (Stillbirths and deaths during first week)	..	..	..	..	..	24.0
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Marriage Rate	..	..	..	..	..	17.9
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Death Rate (from principal infectious diseases)*	..	..	..	..	..	0.003
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Respiratory Death Rate	..	..	..	..	..	
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Pulmonary Tuberculosis Death Rate	..	..	..	..	..	0.01
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Death Rate from other forms of tuberculosis	..	..	..	..	..	0.01
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*Whooping Cough, Diphtheria, Measles, Acute Poliomyelitis, Meningococcal Infections.

Death Rate from Cancer	..	..	..	..	..	1.83
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Comparability factor (births)	..	..	..	..	..	0.95
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Birth Rate, adjusted by factor	..	..	..	..	..	17.48
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My Lord Mayor, Ladies and Gentlemen,

I take pleasure in presenting for your consideration this my 23rd Annual Report dealing with the health circumstances in the City for the year 1969. I am required (Circular 1/70 Department of Health and Social Services) specifically to include commentary upon certain Services under the Public Health Acts, 1946–1968, the Food and Drugs Act, 1955 and under the Factories Act, 1961. My observations will therefore take account of these items either in this preamble and/or within the body of the Report.

I have found it appropriate to remark initially upon the vital health statistics and incidence of infectious diseases each year and I propose to deal with these aspects right away.

It will be noted (Registrar General's Mid-Year Estimate) that the local population has shown a minimal increase of 240, i.e. from 335,410 in 1968 to 335,650 in 1969. This demonstrates a considerable deceleration by comparison with figures for preceding years (see Table, page 27). It will thus be interesting to note in succeeding years if the decline is to continue or if it simply represents a temporary lull. The estimated number of inhabited dwellings at the end of the year was 108,200 showing, therefore, an increase of 500 over the figure for 1968: the density of population remained, as in 1968, at 16·6 per acre.

The local death rate in 1969 was at 9·3 per 1,000 population and thus showed a slight increase over that for 1968. The increase was in greatest part due to the impact of the Influenza Outbreak (Hong Kong Variant A2 Virus) in the latter part of December, 1969, an occurrence which, as it progressed, demonstrated a much greater degree of virulence than was anticipated and thereby and unfortunately caused a fairly high mortality particularly in the older age groups of the community. Moreover, the morbidity resulting from the disease was considerable and many people were greatly debilitated for many weeks after the outbreak had waned. It is, of course, easy to be "wise after the event" but nevertheless one must comment that the availability of much greater supplies of the *specific* vaccine nationally would have been greatly appreciated and would surely have prevented great sorrow for many people had it been available prior to the epidemic outburst.

At this point I should like to express my warm appreciation to Dr. J. E. M. Whitehead, Director of the Coventry Public Health Laboratory Service, for his most informative and interesting commentary upon Virology which on this occasion deals most appositely with the subject of Influenza (Pages 30–31).

The birth-rate receded from 19·2/ 1,000 in 1968 to 18·4/1,000 in 1969 but it yet remains well in advance of the National rate standing at 16·3/1,000 population. The infant death rate for 1969, was identical with that for 1968 at 22 per 1,000 live births and this figure derived from

138 infant deaths. The peri-natal mortality (i.e. still-births and deaths during the first week after birth) was 24 and demonstrated a continuing improvement (c.f. 25.0 in 1968 and 28.6 in 1967).

Concerning infectious diseases I would refer initially to the local incidence of Measles since it is noted that the "levelling off" process for the years 1965–1968 inclusive – and to which I referred in my 1968 report – came to an abrupt end with a reversion to the bi-ennial "swing" so typical of the disease in preceding years i.e. the high peak of 3,342 notifications in 1968 with the low trough of 344 in 1969. Measles is tending to act "out of character" and we must therefore readjust to the passage of still a few more years: this will be necessary so that we may decide whether the reversion be "true to type" or, alternatively, and as we would hope, to the large scale immunisation programme instituted against the disease towards Mid-1969.

Concerning Vaccination and Immunisation it is to be noted that arrangements for including Vaccination against Measles into the health department's computerised immunisation schedule were completed during 1969. This procedure will be carried out for children at the age of 15 months. We are greatly indebted to The City Treasurer for the most helpful and greatly appreciated co-operation of his Computer Systems Analysts by incorporating this on to the machine.

The health departments Centre, set up in 1968, for the protection against Yellow fever of those people from Coventry travelling to certain specified countries abroad, has fully justified itself and 420 people were immunised in 1969, against the possible contraction of the disease (1968 = 369).

With regard to Whooping Cough the great importance of providing a thoroughly reliable vaccine to ensure solid protection is clearly brought under scrutiny as a result of the National Research Project publicised during the year. This survey was arranged by the Central Public Health Laboratory Service and aided thereafter by a number of provincial health departments throughout the country – Coventry being one such to participate (see page 18).

There was a decided decrease in the number of dysentery cases brought to departmental attention in 1969, (284) as compared with those in 1968 (704). It will be recalled that this is a disease particularly affecting young children and, moreover, that the most effective means of keeping it within reasonable bounds is by ensuring good standards of hygienic practice – both personal and communal. This is, of course, being best achieved through intensive and continuing health education. Our health visitors are pointedly involved in this work.

The reports appearing at page 19 concerning the occurrence of Typhoid Fever, in an Indian family in Coventry, must have great interest for all those who are concerned with the control of dangerous infectious diseases. Clearly the ability to travel swiftly from one part of the globe

to another increases the likelihood of such incidents happening in this country than was the case in rather more distant years and it is necessary for Health Departments to be on the alert persistently to ensure that these situations are quickly dealt with and kept under strict control. Similar comment applies also, of course, to the occurrence of Paratyphoid Fever (see page 20).

Some 71 cases of food poisoning were notified during 1969 and reports on some of these incidents are exemplified at pages 22 to 23 herein.

The elevated incidence of Pulmonary Tuberculosis in this City during 1969, gave cause for some concern since the greatest part of the increase was in Commonwealth immigrants. Much greater attention is now being given towards ensuring adequate medical attention and x-raying of intending immigrants within their own countries. This is of very great importance and something for which Medical Officers of Health have been pressing during latter years.

Concerning the incidence of Venereal Diseases, I wish to thank Dr. F. Lanigan O'Keefe for the statistics he has supplied regarding attendances at the Special Clinic, Coventry & Warwickshire Hospital, during 1969 (see page 28). Whereas in 1968 the total number of cases attending was 1,670, that for 1969 was 2,026 of which 1,375 were males (1968 = 1,182) and 651 females (1968 = 488). Of the total number there were 1,661 resident in Coventry (1968 = 1,365). In 1967 the total number attending at the Coventry & Warwickshire Hospital Clinic was 1,497, so that there has been a quite considerable increase of 35% in attendances in the space of only 2 years. Not all of those coming to the Clinic relate to people who have contracted a specified venereal infection, but by far the greatest proportion are those who have put themselves at risk of doing so and who, clearly, wish for reassurance that "all is well".

Dr. O'Keefe again remarks upon the continuing upward trend of persons who contracted gonorrhoea and attended at the Clinic – and indeed the number coming forward for treatment outstripped that for 1968, which was then the highest annual number recorded. Here then is a further direction post indicating a need for enhanced efforts by health educationalists.

In my 1968 report, I laid heavy emphasis upon certain non-infectious diseases which, rightly, give cause for national concern since insidiously they produce by far the highest mortality: I refer of course to the Cardio-vascular and Cancerous states. At page 24 the Table demonstrates the alarming rising death rate for Coventry due to cardiac diseases during an eleven year period. This gives but an inkling of the very much greater sickness (morbidity) rate due to pathological conditions of the heart and circulatory system.

It will also be noted that the toll of deaths arising from lung cancer increases year by year and, in Coventry, stands at 50 per 100,000 population and much the greatest proportion of this mortality results directly from cigarette smoking. A decade or so ago the rapidly rising incidence of lung cancer was a matter particularly demonstrating a need for Health Education to be more fundamentally directed towards the male population. It is the case nowadays, however, that the female mortality rate resulting from lung cancer – (this too in largest measure resulting from intensive smoking) is fast catching up with the depressing incidence applying to the male population. Womenfolk in so many walks of life have demonstrated intensive interest and activity in relation to health and social attitudes over the years and have contributed so much towards the betterment of personal and community living. Yet here, most illogically, the female sex increasingly following the bad example set by the male population, are being trapped into a situation where year by year they are contributing heavily and quite needlessly to the alarming mortality figures arising through lung cancer. WHEN WILL THE LESSON BE LEARNED TO ADVANTAGE?

This leads me in sequence to the basic subject of Health Education, I have also dealt with this at length in a number of previous annual health reports and have given indication of the many important “touch-stones” towards the achievement and maintenance of good health. The relinquishment of the smoking habit, a sensible approach to dietaries and to our attitudes relating to exercise and rest; the need to practice good personal hygiene and the cleanly handling of foodstuffs. These are but a few of the many sided approach towards the attainment of a vital state of physical and mental good health. Health Education is par excellence, the subject which should be increasingly occupying the attention of health departments in succeeding years if they are to be considered as *really progressive*. During a period of many years in Coventry, the subject of “Health Education” has been dealt with in practical fashion by a great many members of health department staff while working in their varied fields of work. The degree of attention which these members have been able to give to this important subject has been dependent upon the essential fulfilment of the more routine but, clearly, extremely onerous duties for which they were basically employed.

From the moment, however, when a full-time Health Education Officer was appointed and took up duties in the Coventry Health Department on 1st April, 1963, came specific and authoritative local recognition of the importance of the subject. The appointment did much to provide added status to this quite vital discipline. “Vital” because the Health Educational approach is concerned with an appropriate repetitive communication to the public of the considerable benefit to be derived from healthy living and of the attitudes and measures necessary to keep ill-health at extended arm’s length.

Since the appointment therefore of a Health Education Officer, efforts have been intensified to provide a comprehensive and more effective programming and presentation of subjects to the public in overall health educational context. This has included frequent approach to many individuals and organisations in order to harness helpful co-operation.

A good foundation has thus been laid upon which can continue to be built the kind of service which an expanding and forward looking City ought to have.

Inevitably, however, progress will be stultified unless more adequate resources are assigned both in trained health education personnel, in extended accommodation for lecturing, discussions, demonstrations and storage of equipment. Further details of work performed in this field during 1969 are provided at pages 62 to 66 herein.

In addition to the commentary called for from the Medical Officer of Health by the Department of Health and Social Security upon local Services operating under the provisions of the National Health Services Acts, 1946–1968 "it is requested that information on the following subjects should be included:

- "(a) the co-ordination and co-operation of the Health Department's services with the hospital and family doctor services, including attachment or liaison schemes between the Health Department's domiciliary staff and family doctors;
- (b) progress on the scheme for notification to Medical Officers of Health of congenital defects apparent at birth;
- (c) action taken by the Council on the fluoridation of the public water supplies."

Dealing therefore with items (a), (b) and (c) above, I have the following observations to make:

- (a) It will be recalled that in my 1968 Report I included at Appendices I and II (pages 95 to 114) my detailed comments in connection with the development of the Community Mental Health Services in Coventry during the period 1948 to August, 1969 (time of going to press). It seems appropriate therefore that for my 1969 Report and, not least because of the National upsurge of interest in relation to Health Centres, Group Practice arrangements "attachment" and "liaison" schemes – the latter involving the Municipal Nursing (Health Visitors, Home Nurses and Domiciliary Midwives) Services with General Medical practices, that I should, similarly, provide my overall survey of the Coventry situation during the period 1948 to June, 1970 (time of completion). This I have done therefore at Appendix III herein (pages 94 to 102) and I do not propose to comment further upon the subject in this preamble.

- (b) Details of Congenital defects apparent at birth are provided at page 37, where it will be noted that 111 cases were brought to departmental notice – giving an incidence of 18.6 per 1,000 (taking into account one malformation only per case notified).
- (c) Concerning the *fluoridation* of public water supplies I have no further comment to add to observations appearing in my Annual Health Report of 1968 (page 10) – as indeed for those in many preceding Annual Reports also. I feel it necessary, however, to reiterate my great disappointment, regret and, indeed, frustration that after 18 years of constant personal endeavour to persuade the implementation of this proven and most important measure in the health interests of Coventry children, no positive action has, as yet, been taken locally towards its fulfilment.

With regard to measures taken during 1969, on behalf of the mentally handicapped, the following points should perhaps have particular mention:

There was need for example, because of heavy pressure, to accept further adult trainees into the Torrington Adult Training Centre and to find for the Special Care Group therein accommodation elsewhere. After every due consideration the problem was resolved, at least for the time being, by utilising one end of the female hostel block for the latter purpose. It should be stressed, nevertheless, that this is by no means considered to be the ideal solution since the measure detracts from the hostel amenities for residents.

A highlight was the holiday arrangement at Hythe, Kent for Senior Centre trainees – they being accompanied by members of the Torrington Centre staff. This arrangement proved most enjoyable and those who provided the initiative in arranging and ensuring the success of the holiday are deserving of warm thanks and congratulations for their very worthwhile efforts.

Other activities worthy of particular mention during the year included a demonstration at a national gathering in London, by the Senior Centre (Trainee) Trampoline Team; the continuing benefits deriving to trainees and residents, from the new swimming pool at Torrington – now enhanced by the provision of the large cover to the pool. Such practical provisions and demonstrations of goodwill by the Voluntary Society in making these amenities possible is greatly appreciated.

Results at our Sheltered Workshop are extremely encouraging and go from strength to strength. The great helpfulness of several local industrial firms, both large and small, in making really worthwhile work available to our adult employees – in overflowing measure – is really something to be seen and represents a wonderful gesture on their part.

Moreover there is no doubt but that the arrangement has reciprocal advantage since the standard of work provided by our employees is high and, in turn, has attracted appreciation from industrialists. The surest guide to success of these arrangements is not measured in terms of cash benefits to our trainees alone but rather in terms of their achievement and the happiness prevailing: it is certain that this latter commodity is generally present in full measure.

It is also pleasing to report that there was the usual quota of our employees who progressed to such extent as to be accepted readily into open industry. It also gives great satisfaction both to our staff at the Torrington establishments and to our appropriate central Health Department staff that the Coventry pattern of practical health social training, derived from progression through the several establishments (including the Junior Training Centres at Burns Road and at Broad Park House), has received justifiable and repeated acclaim beyond the boundaries of the City.

Pressures upon our residential facilities at Torrington House have been consistently high and it has taken no little ingenuity to resolve the demand for placements to best advantage within the male and female blocks respectively. The urgent need to supplement hostel placements for adult persons is blatantly apparent and one hopes most ardently that recommended provision of a further 50 place hostel in the Baginton Fields area will come to fruition quite soon as a requirement of high priority.

Quickly following upon the introduction of the National Health Service Act, mutually intensive efforts were made by the Local Health Authority and the Group 14 Hospital Management Committee to achieve close accord between their respective staffs in Coventry and at the Central Hospital, Warwick.

Granted, the Community Mental Health facilities in those early days were extremely limited, but with the increasing tempo after 1948, later accelerated by the more forward looking concepts of the Mental Health Act, 1959, and it was possible, gradually, to increase the local Authority's body of trained Mental Health Social Workers. This was achieved both by secondment of suitable staff to appropriate Social Work courses or to lesser extent by direct recruitment of officers already trained in Mental Health social work. The result was that Coventry came to be serviced, as it now is, by one of the largest bodies of Psychiatric Social Workers and other trained Mental Health Officers in the Country.

A still further important step was taken in 1969 when by happy mutual agreement the Local Authority was invited to recruit on behalf of the Coventry Hospital Management Committee an additional Psychiatric Social Worker to give equivalent full-time work in the Psychiatric Unit at Walsgrave Hospital to be opened in late 1969. The arrangement duly eventuated and, it is anticipated, will be the precursor of similar extended arrangements when the major psychiatric hospital becomes available in two or three years time, upon a site at Walsgrave.

Referral of mentally handicapped persons to the Health Department's Mental Health Section and of children to the Child Guidance Centre continued at a rather higher numerical level than was the case in 1968. Liaison with Medical Staff at Coventry and Warwickshire Hospital Out-patient Clinic has continued very closely, as also with General Practitioners in the City, so that seven Group Practices (17 General Practitioners) are aided by the Local Authority's Psychiatric Social Workers. It is anticipated that this pattern will be extended gradually.

Further progress was also made in 1969, towards extending considerably the Club facilities at the Queen's Road Church Hall Centre; this for mentally inadequate persons to be referred there from the Central Hospital, Warwick, or from local community sources. This pending arrangement has been furthered through the meritorious joint effort of the Coventry Association for Mental Health, the Coventry Hospital Management Committee and the Local Authority. There seems assurance that this much needed provision will meet with success and clearly there will be opportunity to assess the position appropriately some time after it has become operational. The Reverend Richard Hamper, supported by his Church Committee, are deserving of our grateful appreciation for their progressive thought and action in placing the Queen's Road accommodation at disposal for helpful development of this service.

There has been increasing activity on behalf of mentally disturbed persons, from voluntary sources and we are greatly indebted for the most helpful and supportive efforts which come from these directions.

In 1968 it will be recalled, the City was divided, administratively, from North to South into Eastern and Western areas. To each was assigned a newly appointed Area Mental Health Officer, they being delegated responsibility for the locational deployment of respective teams of Mental Health Social Workers.

This arrangement has met with continuing success throughout 1969, deriving from greater efficiency and it is hoped, as time progresses, that the recruitment of additional such officers will aid the constitution of rather smaller peripheral divisions. This should be the means of enhancing the Mental Health Social Service provisions to better community advantage by the achievement of extended supportive links with general practitioners throughout the City.

I should like to express my warmest thanks to all those many members of my staff whether engaged in administrative or field work duties on behalf of disturbed or mentally handicapped people, for the intensive care they have provided for them unremittingly, throughout the year.

To all those Medical and Nursing colleagues working in the several hospitals serving the mental health needs of Coventry, and to general practitioner colleagues also who liaise so closely with me and my appropriate staff, I extend my grateful appreciation for their helpfulness.

Two important developments took place for the Coventry Ambulance Service in 1969. Firstly, there came the opening of the new District General Hospital at Walsgrave (614 beds) in May, and although this was not fully operational by the end of the year yet the workload for ambulance personnel had nevertheless increased quite considerably. It will be necessary, therefore, to watch developments closely so that the Local Authority's statutorily required ambulance provisions in this connection do not lag behind the essential needs of patients.

A Joint Officers Advisory Committee was constituted as between designated members respectively, of the City and County Ambulance Services – together with those nominated from the Walsgrave Hospital both administrative and nursing. This has proved to be a most helpful arrangement towards mutual understanding and for the best usage of ambulance facilities.

A second development was also agreed between Local Authority and Hospital Management Committee when the former agreed that its Ambulance Service should undertake the repair and maintenance work for the latter's fleet of 24 vehicles – this, of course, upon mutually agreed financial terms.

Clearly this initiates a most progressive integrative step and should be a pilot venture well established as and when the wider anticipated integration of the total Health Services, under the Area Health Authorities may come to be effected.

I wish to thank the Chief Ambulance Officer and his staff as also the appropriate staffs of the local hospitals for their greatly valued co-operation and helpfulness in ensuring, efficiently, the day by day conveyance of patients within and beyond the City boundaries throughout the year.

From statistics available on page 55 it will be noted that for Coventry the ratio of population per full-time district nurse is approximately 7,000. This is to be compared with the recommendation of the Department of Health of one Nurse per 4,000 to 5,000 population. The heavy load which our nurses carry is therefore apparent and says much for the dedication which they bring to their work.

During the year a proportion of our Nursing establishment was filled by a number of Nursing Aides and this measure has been valuable in permitting a greater proportion of qualified nursing skill to be devoted to patients most in need of it.

The opening of the new Walsgrave General Hospital has meant that our Home Nurses are now required to deal with more patients on the district due to the pattern of earlier discharge of those who have undergone "cold" surgical operations.

Close liaison continues and indeed has intensified with General Practitioners in the Coventry area and there is every likelihood of an

initial full-time attachment of a district nurse to one practice in the near future. This is something which is likely to be extended gradually to several other practices and, clearly will have relationship to the number of nursing staff in post and the locational opportunities to do so in conjunction with the General Practitioners concerned.

1969 was a year of re-orientation for the Municipal Child Health Services in Coventry. This was necessary in the light of the changing circumstances because attitudes have undergone review particularly during the last decade and a half, so that a much greater proportion of clinical time is given, quite rightly, to the detection, treatment and care of those children having mental and physical handicaps. It will no doubt be recalled that the Coventry School Health Service has concentrated for several years upon a programme of selective medical examinations of schoolchildren rather than on the old pattern of periodic routine medical inspection for all schoolchildren.

A few years ago, following the impact of the "General Practitioners Charter", the number of mothers presenting themselves at our clinics for ante-natal care so declined as to make these clinic facilities redundant: these latter sessions were therefore dispensed with.

The number of confinements which took place in the Walsgrave Maternity Hospital during 1969, was far beyond the Cranbrook recommendation (70%) of some years ago. The percentage of hospital deliveries was close on 90% – a position which necessitated the very closest of liaison and understanding between hospital personnel and those of the Local Health Authority working in the domiciliary Midwifery field; this so that the large number of mothers and babies discharged from hospital to their own homes could be ensured continuity of treatment and attention.

The statistics on page 47 demonstrate a dramatic reduction in home confinements from 1,325 in 1968 to 752 in 1969 and in Nursing visits from 24,975 to 16,409 in these respective years.

Arrangements were initiated during the year so that much the greater number of our domiciliary Midwives took opportunity to work in the Maternity Hospital, each for a three-week period, and became accustomed thereby to the routine and use of equipment. Thereafter in 1969 these Midwives undertook rota duties and direct responsibility for all confinements on one of the General Practitioner Maternity Wards.

During 1969, a complete re-orientated scheme of integrated Midwife training was devised by a small Working Party constituted from the Chief Midwifery Nursing Staff of Walsgrave Maternity Hospital, Local Health Department, and with the Education Officer of the Central Midwives Board in attendance also.

It is envisaged that the new syllabus following approval by the Central Midwives Board, will be implemented during the latter part of 1970 and will, most decidedly, represent a major step towards a com-

pletely integrated service of Midwives – possibly ,moreover, a pattern for the Country as a whole.

Pertinent comments concerning the operation of the Day Nursery Service appear at page 38 and opportunity should be taken to read them. Clearly the number of available Day Nursery places falls short of local needs and it is to be observed that there was a waiting list of 132 priority cases (c.f. 1968 = 68).

The shortage of Nursery Nurse staff also created operational difficulties and it is felt that recruitment would be aided if more attractive conditions of employment could be devised nationally.

The 1969 position as to Childminders and Playgroup provision, as to Family Planning and also to Cervical Cytology are concisely dealt with on pages 40 to 43 herein and are deserving of careful reading.

The work of the Health Visitors continued at a high level throughout the year and, by comparison with the 1968 figures, visits to most categories of people needing their advice had increased. Those to special cases and problem families were up by over 1,000; to elderly people by about 250 and to children under 5 years of age by almost 4,300. Visits in respect of infectious diseases however were, numerically, less demanding, being down by some 730.

Extended liaisons with General Practitioners developed still further throughout the year and the full-time allocation ("attachment") of a health visitor to work in close association with a group of General Practitioners was envisaged for early 1970. It will be noted (page 51) that while six health visitors left the service of the Local Authority for one reason or another, we were able to recruit only one full-time visitor supplemented however, by three others newly qualified and returned from the Course upon which the Local Authority had seconded them.

It is pleasing to report that the full-time service of an interpreter was recruited in 1969, to work alongside our health visitors in Child Health Centres and Family Planning Clinics. The appointment will clearly be of the greatest assistance both to our staff at the various clinic locations throughout the City and also to immigrant persons who attend and are not conversant with the English language.

It will be noted under the Local Authority's dental provision for "Maternity and Child Welfare Patients" (page 44) that those mothers attending were quite marginal in number. A part-time Dental Health Education Officer was appointed during the year.

During 1969 our Occupational Therapist continued her excellent work by involving Tuberculous patients in a variety of interesting crafts within their own domiciles – likewise for handicapped persons who can derive benefit from this type of arrangement. Regular Group Therapy sessions have also continued at Gulson Road Clinic. Further details about this service appear at page 80.

Examinations undertaken by departmental Medical Staff on behalf of Municipal Corporation departments, e.g. Superannuation requirements, fitness to drive heavy goods vehicles; School Meals Service, City Fire Brigade, etc., were at a numerically lower level during 1969 than was the case in 1968. One major exception, however, was in respect of the City Transport Undertaking where medical examinations in 1969 were 279 as compared with 162 in 1968.

The work performed by the Public Health Inspectorate during 1969, appears at page 94 onwards and I am much indebted to the Chief Public Health Inspector for his wide ranging report. This deals with a multiplicity of environmental duties and responsibilities, all of which are engaged upon by the Public Health Inspectors to help ensure the solid foundation necessary as a springboard for healthy community living.

I am much indebted to the City Engineer, as also to the Water Engineer/Manager for the information which respectively, they have provided to meet the requirements of the Department of Health and Social Security.

My thanks are due to the Acting Director of Welfare Services for the information provided at pages 82 to 88 dealing with the Home Help Service; Mobile Meals Service; Chiropody Service; Persons needing Care and Attention (Section 47, National Assistance Act, 1948).

I take pleasure in thanking my Municipal Chief Officer colleagues and their respective staffs for the effective and much appreciated liaison and assistance provided in many ways throughout the year.

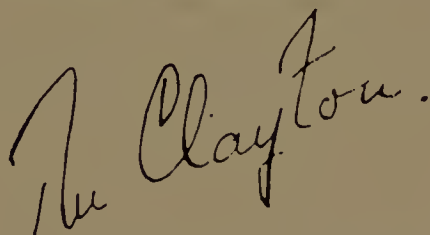
Similarly my grateful thanks are extended to all those many professional colleagues, be they Consultants, General Practitioners, Nurses or Auxiliaries, who have willingly and generously provided their supportive aid to the work of my department.

To my own staff in whatsoever aspects of the Health Department's responsibilities they are engaged, I wish to thank them most warmly and sincerely for the interest and intensity which they bring to their work. By so doing they each make valuable contribution towards ensuring for Coventry citizens an optimum state of personal and community health.

Finally, I wish to express my thanks to the Chairman and members of the Health and Welfare Committee for the interest which they have shown in the work and endeavours of the health departmental staff throughout the year.

I am, My Lord Mayor, Ladies and Gentlemen,

Your Obedient Servant,

A handwritten signature in dark ink, appearing to read 'J. Clayton'.

Medical Officer of Health

EPIDEMIOLOGY

(a) INFECTIOUS DISEASES

Measles

Only 344 cases of Measles were notified to the Health Department during the year, approximately one tenth of the average yearly incidence during the previous five years.

Table below shows three interesting features:

1960	1961	1962	1963	1964	1965	1966	1967	1968	1969
591	6789	484	6055	3066	3847	3131	2960	3342	344

the traditional biennial swing of "Measles years" alternating with "non-Measles years" evident until 1963, the stabilisation of the incidence during the next five years and the marked drop during 1969. It is tempting to attribute the last-mentioned to the intervention of Measles Vaccination in the City in May, 1968. Such a conclusion would perhaps be premature at this relatively early stage. The next two or three years should, however, provide evidence of the efficacy of the Vaccination Programme in its attempt to eradicate this troublesome condition.

Of the cases notified during 1969, children under ten years of age had by far the greatest incidence (only twelve cases being over this age). Most of the cases suffered only moderate symptoms, but six had to be admitted to hospital and there was one death, a baby of four months who developed pneumonia as a complication.

Whooping Cough

The local incidence of Whooping Cough during the past nine years was as follows:

1961	1962	1963	1964	1965	1966	1967	1968	1969
157	40	956	226	115	214	258	204	41

and illustrates several interesting trends (which can also be observed in the figures for the country as a whole).

The incidence had been declining over a period of a few years, largely due to the wider acceptance of routine immunisation, until 1963 when the incidence rocketed to well over twenty times that of the previous year. It was significant that immunised children were also affected and two possibilities had to be considered. Was the reported disease really Whooping Cough or some associated condition producing similar clinical features? Or, if the condition was genuine Whooping Cough, were the vaccines as protective as they had formerly been?

In an attempt to solve this problem, the Central Public Health Laboratory in London organised a national research project, in which

Coventry Health Department participated, and the results were reported in 1969. The evidence of the project showed that, from 1963 onwards the vaccines had not offered much protection, mainly due to the fact that current strains of the Whooping Cough organisms were rather different from those against which the vaccines would be highly protective. The general recommendation of the Report was that "the efficacy of current preparations will require to be assessed by continuing surveillance", but even before the final report was available the vaccine manufacturers were already producing significantly modified vaccines. The unusually low incidence of the condition in Coventry during 1969 (41) may, perhaps, be the first evidence of their success.

Scarlet Fever

This condition showed a greater prevalence during 1969 (176 cases) than in the previous year (100 cases). Children of primary school age were thus principally affected, but there were no really significant outbreaks. Fortunately, prompt treatment by antibiotics rapidly brings the disease under control, and nowadays complications are rare indeed.

Dysentery

It is pleasing to be able to report a considerable decrease in the incidence of Dysentery during 1969 (284 cases) in comparison with the figure for the preceding year (704 cases).

All parts of the City were affected, but Henley Ward had a much greater prevalence than any other area. Children under four years of age were thus principally affected, no doubt because it is difficult for them to co-operate in measures of personal hygiene. The condition was prevalent throughout the year, but there was a high incidence in October; three day nurseries, Foleshill Nursery, Tile Hill Nursery and Bell Green Nursery had outbreaks during this time.

The City's Health Department is particularly active in its efforts to control the disease, which now appears to be endemic in this country, especially in urban areas. Family Doctors are encouraged to report suspected cases to the Health Department by telephone so that the Health Visitor can visit immediately to give advice on family hygiene, to arrange for bacteriological investigations and to advise on any apparent public health risk (e.g. a food-handler contact in the household). In spite of all these preventive measures the disease is notoriously liable to spread within communities, especially those with relatively large numbers of young children. Fortunately, the form of Dysentery which prevails in this country is not a serious illness but it has a considerable nuisance value for families, schools, nurseries and Health Department staff.

Typhoid Fever

There was one small localised family outbreak of Typhoid Fever in Coventry during 1969 which is perhaps worth describing in some detail.

On 22nd July, a fifteen year old Indian boy, who had developed unexplained fever, was sent to hospital by his Family Doctor. A blood culture, which was carried out as a routine investigation, revealed the presence of Typhoid organisms and so the Health Department was notified of this finding by telephone. The boy's home was immediately visited and it was found that his mother and younger brother had developed a rather similar fever although this had not yet been reported to the Family Doctor. Because a similar diagnosis seemed likely they were also admitted to hospital that evening.

It appeared that the family had arrived from India on the 29th June. The fifteen year old boy had become ill on the 17th or 18th July, and his mother and younger brother around the 22nd or 23rd July. However, the latter had been treated on the 14th July by his Family Doctor for what appeared to be an upper respiratory infection for which a five day course of Ampecillin had been prescribed.

The situation presented something of an epidemiological mystery as the date of onset of the fifteen year old boy's illness tended to suggest a local source of infection rather than the importation of the disease from India. Laboratory investigations showed evidence of past infection (and a possible intermittent carrier state) in the case of the father of the family and it was eventually ascertained that, shortly before leaving India, he had spent a brief holiday with a cousin in Bombay whose wife was at that time suffering from Typhoid Fever. Further laboratory tests failed to reveal any direct evidence of his being a carrier and all other investigations proved negative. The family had, in fact, been in contact with only one other group of persons since their arrival in this country and all members of that family were investigated and found not to be carriers.

In spite of intensive investigations, no local source of infection was found and it was concluded that the disease had been imported from India by one of the following methods: either the father became a temporary carrier between June and July and infected the three other members of the family, or the youngest boy, who became ill on the 14th July with an Upper Respiratory Infection was suffering from the early symptoms of Typhoid Fever (which can occasionally present in this fashion).

All close contacts were kept under careful surveillance for a period of three weeks and fortunately no secondary cases occurred.

Para-typhoid Fever

One case of Para-typhoid Fever occurred during the year, the patient being a young woman who became ill within a few days of arriving back in this country after a month's holiday spent in East Africa.

It is perhaps of interest to add that a further fifteen cases of Para-typhoid Fever were occurring in different parts of England at the same time as this girl's illness and investigations carried out by the

Department of Health and Social Security in London showed that all of these cases were caused by the same type of Para-typhoid B (phage type Taunton) and that they had all travelled home to the United Kingdom on the same flight. This last factor was considered significant as the persons involved had had no other contact with one another, all having been holidaying independently with different families in East Africa and so the International Health Section of the Department of Health and Social Security made appropriate enquiries with the headquarters of the airline concerned.

Both this case and the family outbreak of Typhoid reported above provide a salutary reminder of the possibility of the importation of "exotic" diseases not only by immigrants but also by persons who have simply been abroad for relatively short periods either for business reasons or on holiday. In connection with the last mentioned two categories it is worth noting that the official advice of the Department of Health and Social Security is that "all persons going abroad, including visitors to Continental Europe, are advised to be effectively vaccinated against Typhoid and Para-typhoid Fevers".

Infective Jaundice

The table, below, shows that fewer notifications of this condition were received in 1969 than the average of the figures for the years 1963–68. (The condition was made locally notifiable in Coventry in 1963, five years in advance of the remainder of the country).

1963	1964	1965	1966	1967	1968	1969
261	216	200	115	208	275	168

It is not easy to assess whether this represents a true decline in prevalence during the year; notification is probably incomplete owing to the fact that the condition can be difficult to diagnose in young children, who may present a clinical picture of only mild gastro-intestinal disturbance without jaundice.

The notified cases were reported from all wards of the City and the greatest incidence was during the autumn months. Children of school age were those mainly affected, but there were no outbreaks in which the school itself was suspected of acting as a focus of infection. The degree of illness was generally mild (although 14 persons required hospital admission) and there were no deaths.

The comparative mildness of the illness in most cases does not detract from the seriousness of the condition as a community health hazard. This condition is, without doubt, the greatest unsolved problem in the field of infectious disease, even in the developed countries of the West where infectious diseases tend to retreat as scientific knowledge advances. Much remains to be learned concerning its mode of spread before effective control can be applied; in the meantime, however, it is

logical to apply the sort of control measures applicable to diseases such as dysentery, since there is some evidence that spread from intestinal sources is the most common mode.

Food Poisoning

During the year 71 cases of food poisoning were notified to the Health Department. Nine persons were involved in two small general outbreaks, 18 persons in seven family outbreaks and the remaining 44 occurred as sporadic cases.

One of the general outbreaks was due to *Clostridium Welchii* infection, and is perhaps worthy of special mention as an example of the ease with which this sort of food poisoning can occur in catering establishments because of a failure to maintain adequate temperature control of meat.

Five employees of a firm developed gastro-intestinal symptoms which they considered were related to a meal which they had consumed on the previous day in the staff canteen.

On the day in question they had partaken of minced meat pie for lunch in the canteen, and approximately 10–14 hours later had suffered abdominal pain and diarrhoea; these symptoms lasted for a period of about 12 hours. The clinical histories were extremely suggestive of *Clostridium Welchii* infection and the fact that all five persons had received their portions of meat pie from the same tray lent weight to that suggestion. A very large number of other people had eaten minced pie in the same canteen on that day but were not affected by any symptoms. It appeared, therefore, that only one tray of meat pie was contaminated.

Investigations were carried out both in respect of the affected persons and the suspected food stuff, and laboratory cultures showed the presence of *Clostridium Welchii* in both instances.

Retrospective investigation in the kitchen led to the conclusion that the method and times of preparation and cooking of a certain amount of the minced meat would have tended to allow the multiplication of *Clostridium Welchii* organisms, and so detailed advice was given to the catering staff to prevent the risk of similar outbreaks. Perhaps it should be added that it is rather unusual to hear of an outbreak of food poisoning caused by *Clostridium Welchii* organisms affecting such a small number of people. This type of food poisoning only rarely gives rise to severe symptoms and, unless a very large number of people are involved, outbreaks may pass unnoticed, especially as the symptoms tend to clear up quite quickly. In this case, it was rather a coincidence that the people who had symptoms all worked in the same office, and it was only a casual conversational remark which led to the suspicion that a minor outbreak had occurred.

Salmonella Typhimurium and Salmonella Enteritidis, between them, caused all but one of the remaining general or family outbreaks. In one small outbreak of Salmonella Enteritidis infection it was considered likely that the responsible foodstuff was a chicken which had been inadequately cooked; unfortunately, there were no remaining portions of the chicken to submit for bacteriological examination but the presumptive evidence was very strong, especially in view of the fact that there was some evidence at that time that, throughout the country, Salmonella Enteritidis was being linked with poultry, particularly broiler chickens and turkeys.

The remaining infections were caused by Salmonellae as shown below:

Sal. Bareilly 1; Sal. Bredeney 2; Sal. Derby 6; Sal. Duisburg 1; Sal. Fischerkeitz 1; Sal. Havana 1; Sal. Heidelberg 3; Sal. Infantis 1; Sal. Muerichen 1; Sal. Orianenberg 3; Sal. Panama 4; Sal. Stanley 2; Sal. Thompson 1; Type not stated 2.

In no instance was the responsible organism isolated from any foodstuff and so unfortunately, it was impossible, in these cases, to pinpoint any particular source of infection.

Tuberculosis

It is disappointing to have to report, as is seen in Table below, that the generally downward trend in notifications of pulmonary tuberculosis was not maintained during 1969.

1960	1961	1962	1963	1964	1965	1966	1967	1968	1969
178	147	135	145	112	109	132	107	92	126

The 1969 figure represents a 37% increase over that for the previous year.

Of the total notifications, 57 (45%) were in respect of Commonwealth immigrants; when one relates this figure to the estimated population of Commonwealth immigrants resident in the City (between 15–20,000) it is clearly seen that this group is involved in a much greater incidence of pulmonary tuberculosis than the indigenous population. When one examines the notifications for children up to the age of 16 years, this situation is even more evident as, of the 33 such children notified, 20 were Commonwealth immigrants. Most of these children tend to be infected as contacts of cases within the household (and fortunately these are usually promptly detected by the Department's contact investigation arrangements) but the position regarding the adults is by no means so clear. It is not always possible to say, for example, whether the patient became infected after his arrival in this country, was incubating the condition on arrival, or was frankly suffering from tuberculosis prior to leaving his country of origin. No doubt the

development of facilities for medical examination, including chest X-ray of intending immigrants in their country of origin, will do much to clarify this problem; the existing facilities for such examination at the main airports in the United Kingdom have gone some way towards a solution. We are grateful to these airport medical staff for their prompt notification of newly arrived immigrants who appear to be suffering from, or to require investigation for, pulmonary tuberculosis.

A similar state of affairs is revealed when the figures for non-pulmonary tuberculosis are examined. Of the 51 cases notified during the year, 32 were Commonwealth immigrants, 28 adults and 4 children under the age of 16 years.

(b) NON-INFECTIOUS DISEASES

In my last report I drew attention to the development by which epidemiological techniques, traditionally used for the investigations and control of infectious diseases, are being applied to the problems of assessment, prevention and control of the chronic degenerative diseases. If one takes even a brief look at the statistical information presented on page 00, under the heading "Causes of and Ages at Death, 1969", it is clear that the two specific diseases which can justifiably be referred to as modern epidemics are Ischaemic Heart Disease (Coronary Thrombosis) and Lung Cancer.

Ischaemic Heart Disease

The incidence of this disease has been rising rapidly in recent years, not only nationally but throughout the western world and the following table clearly illustrates this trend as it effects the City of Coventry.

Coventry County Borough – Deaths from Ischaemic Heart Disease, 1959 to 1969

<i>Year</i>	<i>Male</i>	<i>Female</i>	<i>Total</i>	<i>Death rate per 100,000</i>
1959 (popn. 285,700)	326	146	472	158
1960 (" 291,000)	330	158	488	164
1961 (" 305,780)	351	187	538	176
1962 (" 310,640)	381	222	603	194
1963 (" 313,900)	425	230	655	209
1964 (" 315,670)	364	234	598	189
1965 (" 327,120)	441	269	710	217
1966 (" 331,950)	450	262	712	214
1967 (" 333,830)	463	282	745	223
1968 (" 335,410)	486	322	808	241
1969 (" 335,650)	497	300	797	238

These figures relate, of course, only to the mortality from this disease. There is, unfortunately, no means of presenting the full picture

since Ischaemic Heart Disease is not a "notifiable" disease, although many Epidemiologists would tend to feel that it should be so.

A great deal of epidemiological research is at present going on in developed countries, in particular the United Kingdom, U.S.A. and Australia, in an attempt to unravel the tangle of factors which may predispose the development of this disease. Many of the responsible factors are being identified and several more will certainly come to light in the near future. Some of these cases may well be found to be unavoidable (such as hereditary influences), but others could be said to be well within the range of the personal choice of the individual. There is good evidence, for example, that the obese are considerably more at risk than the lean, that excessive consumption of food stuffs rich in animal fat and carbohydrate plays a significant part, that cigarette smoking increases the risk very considerably and that regular physical exercise has a protective value. It is therefore possible to draw a profile of an individual with a relatively high risk of developing the disease in middle age and it is logical to accept that the individual has it within his power to bring himself into a lower risk category by actions which he alone can take. Health Education is, however, all important in this connection and, towards the end of the year the Health Department was considering tentative plans for such health guidance.

Lung Cancer

During the year 169 persons died of Lung Cancer, a death rate of fifty per 100,000 population; this has grown from a figure of 37·8 per 100,000 population ten years ago.

The results of the epidemiological investigation in respect of this condition are fairly clear cut and have already received considerable publicity. Briefly, apart from a relatively minor role played by heavy atmospheric pollution, the overwhelming factor contributing to the development of Lung Cancer is cigarette smoking. The message is so clear that one cannot but wonder at the extent to which cigarette smoking continues to be an accepted feature of society; the one exception, and it is a striking one, is the fact that only a fast diminishing proportion of Doctors continue to smoke cigarettes. Obviously, what is required in this field is not more epidemiological study but rather such investigations as may be necessary by persons skilled in the behavioural sciences (especially social psychology) to determine the reasons why people choose to ignore the evidence. This would not, of course, remove what would be regarded as the primary responsibility of Health Education in this field, namely to prevent young persons from taking up the habit in the first instance.

TUBERCULOSIS

Live register of Tuberculosis Patients

	Pulmonary Cases			Non Pulmonary Cases			Total Cases (All forms)		
	M	F	Total	M	F	Total	M	F	Total
1. No. on Register at 1.1.69	981	580	1,561	153	150	303	1,134	730	1,864
2. Cases notified (or otherwise coming to knowledge in 1969)	79	47	126	20	25	45	99	72	171
3. Cases restored to Register	1	—	1	—	—	—	1	—	1
4. Cases removed from Register in 1969	103	61	164	2	12	14	105	73	178
5. No. on Register at 31.12.69.. ..	958	566	1,524	171	163	334	1,129	729	1,858

Population

The Registrar General's estimate of the population for mid-1969 was 335,650, an increase of 240.

Birth Rate

The number of births registered in Coventry during the year numbered 6,179 giving a birth rate of 18·4, a slight decrease compared with 19·2 in 1968, but still in excess of the national figure of 16·3.

General Death Rate

The number of deaths recorded as being assigned to the city during the year was 3,137, giving a crude death rate of 9·3 per 1,000 population.

Infant Mortality

The number of deaths recorded of infants under one year of age was 138, giving an infant mortality rate of 22·0. The infant mortality rate for England and Wales was 18·0 per 1,000 births.

Neo-natal Mortality

The number of deaths of infants under four weeks of age was 81, giving a neo-natal mortality rate of 13·0. The comparable rate for 1968 was 13·8 per 1,000 live births.

Marriage Rate

The number of marriages solemnised in the City during the year was 3,000 giving a rate of 17·9 per 1,000 population.

Maternal Mortality

No maternal deaths were recorded in the City during 1969.

VENEREAL DISEASES

I am indebted to Dr. F. M. Lanigan O'Keefe for the following report on the work of the Special Clinic at the Coventry and Warwickshire Hospital:

During 1969 the total number of cases who attended the Special Clinic was 2,026 of which 1,375 were Males and 651 Females. Of these, 1,661 were resident in Coventry, 316 County residents, and 49 residents in other counties.

The incidence of infectious Syphilis involved 7 cases of which 6 were Male and 1 Female. Of these 3 were infected locally, 3 elsewhere in Great Britain and 1 abroad. The incidence of acquired late or latent Syphilis involved 2 Males and 3 Females, of whom 3 Females and 1 Male were latent, and 1 Male was Cardio-vascular. There was 1 case of Congenital Syphilis in a Male aged 25.

The number of cases of Gonorrhoea continue to show an upward trend, the numbers being 497 of which 332 were Males and 165 were Females. Of these 338 were infected locally, 147 elsewhere in Great Britain and 12 from abroad.

Contact Slips were issued to 283 patients which resulted in 104 Females attending and 10 Males, all with Gonorrhoea. Nationalities of these cases were as follows:

U.K., 339; Irish, 45; Asian, 32; West Indians, 69; other Europeans, 12.

The biggest increase, therefore, was in U.K. nationals whereas immigrant figures were pretty static. In the age group 13/19 years the number involved was 29 Males and 56 Females of whom 4 Males were re-infection and 5 Females. These figures show an increase from 1968.

The number of Males attending with Non-Gonococcal Urethritis was 275 of whom 3 were cases of Reiters Disease. There were also 91 Males with Trichomonas Vaginalis Infestation and 137 Females.

The number of patients attending with Non-venereal conditions requiring treatment involved 252 Males and 205 Females. Conditions included in this category are: Balanitis, Genital Warts, Scabies, Pediculosis Pubis, Herpes and Prostatitis. There were no cases of malignancy attending in 1969.

The number of patients attending requiring no treatment in the Clinic were 408 Males and 138 Females, of whom some 65 had no history of exposure to infection and could come under the category of those in need of basic health education.

Other cases admitted included 8 with Yaws, 1 with Lymphogranuloma Venereum, and 1 case of Chancroid.

In conclusion of the 2,026 cases, 646 had previously attended the Clinic, whilst the numbers referred from General Practitioners was 393 as opposed to 363 in 1968.

The total number of teenagers, i.e. 13/19 age group attending the Clinic with all conditions was 376, of whom 136 were Males and 240 were Females, or approximately 18% of the total number of cases.

There seems little indication that the present upward trend will alter, and in attempting to control the incidence speedy referral to the Clinic authorities for treatment is essential.

PUBLIC HEALTH LABORATORY SERVICE

VIROLOGY

I am indebted to Dr. J. E. M. Whitehead for the following Commentary:

The forewarnings of a major influenza epidemic which had been sounded during the latter months of 1968, after the Hong Kong variant Influenza A2 virus was detected in London in September, served to magnify the potential significance of any local increase in the prevalence of respiratory infections and to underline the need for laboratory investigation to discover whether they were due to influenza or to other respiratory viruses. The Hong Kong variant virus was first detected in this area on 21st January and in the course of the following nine weeks a further 28 isolations of it were made, and other laboratory confirmation was also obtained in 35 cases. Despite evidence from laboratories elsewhere that the virus was at the same time widespread throughout the country, no major epidemic developed; the illness was generally mild with outbreaks confined to closed or semi-closed communities. Deaths in England and Wales in the first quarter of 1969 from influenza were lower than in 1968.

No satisfactory explanation for this "non-epidemic" has been forthcoming. That the virus infected a substantial proportion of the population seems likely from the numerous and widespread isolations of the virus, and from a study of the sample of the London population which showed that approximately one third of the persons studied developed antibodies to the Hong Kong variant in the course of the winter.

No further cases of Influenza A2 were detected in this area after 16th April until 9th December, when two further isolations of the Hong Kong variant were made, followed by four in the next six days. There then developed in the last two weeks of 1969 what had been expected to occur within weeks of the first detection of the Hong Kong variant in 1968 – a swift epidemic of influenza with its accompanying high mortality and dislocation of essential services.

The puzzling behaviour of this virus emphasises how uncertain attempts to forecast its behaviour must remain, until more is known of those intrinsic properties of the virus which correlate with its epidemic potential, for, even with the most sophisticated techniques of the influenza reference laboratory, no difference could be measured between the strains isolated during the "non-epidemic" and the true epidemic.

Influenza is a disease transmitted by the respiratory secretions: so also is mumps, and in the first half of the year when respiratory infections are commoner, 25 cases of mumps infection of the nervous system were encountered in the form of mumps meningitis. With the onset of the summer months however, when gastro-intestinal infections become

commoner, the most frequent isolated virus from cases of meningitis was one of the enteroviruses, whose usual habitat is the intestine – this year it proved to be Echo 9 virus, 12 isolations of which were made between May and November. Other intestinal viruses from similar cases included Echo viruses types 4, 6, 11, 14, 20, 22, 25, 30 and 31 – a rather wider range of types than in previous years.

The general pattern of the other viral infections as judged from the material examined in the laboratory remained similar to that of the previous year and again no isolation of poliovirus was made.

NATIONAL HEALTH SERVICE ACT, 1948-1969

The following “diary” is not complete, but it does give some idea of material progress in many Coventry Health Department provisions since 1948.

1948 Preparation of schemes under Section 22 to 29 and also 51 of the National Health Service Act.

Re-organisation of Health Department staff to undertake the above work (as also that under the National Assistance Act).

Direct provision of Home Nursing Service transferred from Voluntary organisation.

City Ambulance Depot transferred from Abbots Lane to premises of Hospital Saturday Fund (Section 27) – temporary, part agency arrangements.

Plans for Junior Occupation Centre sent to Ministry of Health for approval (Section 51).

1949 8, Park Road, approved as Key Training Home for District Nurses (Section 25) “Meals on Wheels” Service provided by Local Health Authority on 25th July, for up to 100 meals daily (Section 28, National Health Service Act).

Health Visiting Follow-up of Accidents occurring in the Home instituted (Section 24 and 28).

1950 “Contact Clinic” for child contact of tuberculosis persons instituted at Gulson Road Clinic (Section 28).

Extensions to Queen Phillipa Day Nursery – 15 additional places (Section 22).

Opening of Sessional Maternity and Child Welfare Clinic, Whoberley (Section 22).

- 1951 Ambulance Service: Radio-telecommunications Service installed (Section 27).
Building commenced on Monks Park Day Nursery (Section 22).
- 1952 Maternity and Child Welfare Sessional Clinic, Bell Green Community Centre (Section 22).
Opening of Burns Road Occupation Centre (for 60 mentally handicapped) (Section 51).
- 1953 Pilot Scheme commenced in Cheylesmore for initial amalgamation of Maternity and Child Welfare and School Health Medical and Nursery Services (1st January).
Monks Park Day Nursery opened January (Section 22).
- 1954 Extension of "Amalgamation Scheme" (see 1953).
Sessional Maternity and Child Welfare Clinic opened. Windmill Road (Section 22).
Broad Street Joint Maternity and Child Welfare and School Health Clinic in advanced state of building (Section 22).
B.C.G. Vaccination arrangements approved (7th February, 1954) by Ministry of Health (Section 28).
- 1955 Papenham Green Day Nursery opened, 'April 13th (Section 22).
"Amalgamation Scheme" completed for Medical and Nursing Staff.
Broad Street Joint Maternity and Child Welfare and School Health Clinic opened (Section 22).
Opening of a Sessional Maternity and Child Welfare Clinic at St. Barbara's Church Hall, Earlsdon (Section 22).
Partial decentralisation of Home Helps Service to Bell Green and Holbrooks areas respectively (Section 29).
- 1956 Occupational Therapy Service commenced for domiciliary tuberculosis patients (Section 28).
Tile Hill Joint Maternity and Child Welfare and School Health Clinic opened (Section 28).
Poliomyelitis Immunisation Scheme started in Coventry (Section 26).
Introduction of two weeks Training Course for Trainee Home Helps (Section 29).
Sessional Maternity and Child Welfare Clinic, Willenhall, opened (Section 22).

- 1957 Ad hoc transport provision, Home Nursing Service (Section 25).
 Extension of further decentralisation plans envisaged for Home Helps to Wyken and Tile Hill (Section 29).
 Opening of Yardley Street Occupation Centre (Section 51).
 Anti-Poliomyelitis Immunisation Scheme continued in line with available supplies of vaccine (Section 26).
 Health and Welfare Services Handbook prepared and issued in conjunction with Public Relations Department.
- 1958 General Practitioner Suites opened to complete Tile Hill Health Centre project (Section 21).
 Stoke Aldermoor Maternity and Child Welfare Clinic – building commenced (Section 22).
 Torrington Avenue Adult Training Centre (120 places) – building commenced December.
- 1959 Stoke Aldermoor Maternity and Child Welfare Clinic completed and officially opened on 25th June, 1959 (Section 22).
 New Torrington Avenue Adult Training Centre nearing completion by the turn of the year (Section 28).
 P.S.W. arrangement at Tile Hill Health Centre, December, 1959.
- 1960 New Coundon Maternity and Child Welfare Centre opened (Section 22).
 Opening of Coventry (Public Health) Senior Training Centre, Torrington Avenue (Section 28).
 Work commenced on new Maternity and Child Welfare Centre, Bell Green.
 Mental Health proposals approved by Minister of Health (Section 29).
- 1961 New Maternity and Child Welfare Clinic brought into use at Bell Green on 2nd October, 1961 (Section 22).
 Extension to Burns Road Training Centre (20 places), opened 2nd October, 1961 (Section 28).
- 1962 Short Stay Home (pilot scheme) opened at Black Watch Road for maximum of three subnormal children (Section 28).
 Negotiations proceeding for opening of interim Special Care Unit (25 places) for severely mentally/physically subnormal children (Section 28).

- 1963 Work began at Torrington Avenue on construction of Adult Hostel (50 places) and Sheltered Workshops (100 places) for Adult subnormals (Section 28).
 Work started on two replacement day nurseries at Bell Green and Tile Hill respectively (Section 22).
 Special Care Unit (25 places) for severely mentally/physically subnormal children opened at Wyken 8th January (Section 28).
 Psychiatric Social Club opened at Stoke Aldermoor Community Centre.
 First full-time Health Education Officer appointed.
- 1964 Torrington House Hostels (25 Male; 25 Female places) and Sheltered Workshops (100 places) opened 14th September, 1964 (Section 28).
- 1965 Bell Green and Tile Hill Day Nurseries, respectively, completed and opened.
 Finham and Eastern Green Clinics taken over from Warwickshire County Council.
 Brownshill Green Child Health Clinic opened.
 Atholl Road Child Health Clinic opened.
 New Junior Training Centre/Special Care Unit/Short Stay Home (total 55 places) under construction at Henley Road, Bell Green.
 Psychiatric Social Club commenced at Queen's Road Baptist Church Hall (Section 28). Group Home for Psychiatric Aftercare – this for up to four adult females at Blackwatch Road (Section 28).
- 1966 Cervical Cytology Service instituted at Gulson Road, Tile Hill and Bell Green Family Health Centres.
- 1967 Completion of New Ambulance Station and development of new Telecommunication Equipment (Section 27).
 Windmill Road Day Nursery renovated and reopened 1st April (Section 22).
 New Broad Park House Training Centre/Special Care Unit/Short Stay Home (55 places) completed and opened on 20th June (Section 28).
 Child Health Clinic in New Municipal Multipurpose Building opened at Jubilee Crescent on 8th November (Section 22).
- 1968 Ministry approval granted for the building of new 75 place Junior Training Centre in Aldermans Green Road.
 Family Planning Association Clinic opened at Bell Green Child Health Centre.
- 1969 New Dental Clinic in Coundon adjacent to the Child Health Clinic.
 Expansion of Family Planning Services.

MATERNITY AND CHILD WELFARE SERVICES

This section of the Coventry Health Service was discontinued at the end of 1969 in a reorganization which took into account changes over the past years and probable future changes. The child health clinic of today plays an important part in the early detection of handicapping conditions and therapy allocating medical or educational facilities to ensure the full potential of the individual is achieved. To this end, in the new year, Child Health will be co-ordinated under a Principal Medical Officer and there will be no passing between the sections Maternity and Child Welfare and School Health. Child Health will of course include School Health so this will be one section responsible for assessing the needs of children from birth to school leaving age.

The Maternity side has changed over the years. Firstly the clinical ante-natal side passing to the general practitioners and hospitals and since the opening of the Coventry Maternity Hospital, the rapid decrease in home births and therefore a change in the work of the Local Authority midwives. The present pattern of about 90% confinement in hospital, either in the consultant or general practitioner units with early discharge home, means that a very close working arrangement is essential. For years Local Authority midwives have worked with general practitioners in ante-natal clinics, have organised ante-natal classes and have made special visits to cases at the request of the hospital. In the post-natal period they have followed up all mothers and babies discharged before the tenth day. During 1968/69 most midwives worked in hospital for three weeks to gain knowledge of its routine so that in October, 1969 the Local Authority service became responsible for the midwifery staff of one of the general practitioner wards. This brings integration nearer, with these midwives working part of their time in hospital and conducting deliveries, the rest of the time providing the domiciliary side of the service. A new pattern of training midwives is being worked out, to take effect in 1970, which will further integrate the whole midwifery service in Coventry.

Services for women which have been added to the list of Local Authority responsibilities in recent years are cytology and family planning. The day nursery service is one which is likely to be taken over by the Social Work Department when it is formed.

The various sections are reported upon in following pages.

CHILD HEALTH CLINICS

The marginal fall in numbers attending may be due to the slight fall in births. This slow downward trend has been apparent since 1963 except that in 1965, the year when the population increased suddenly due to boundary change, there was a slight rise. But also fewer clinic sessions were held so there were less opportunities for attendance.

During 1969 there were 62 fewer clinic sessions conducted in total than were held in 1968 – this because of staff shortages. There were 183 fewer sessions conducted by full-time staff although 90 additional sessions conducted by general practitioners helped to make good the deficit to some extent while Health Visitors themselves undertook an additional 24 sessions during 1969.

Not all of the closures were planned but at times resulted because general practitioners engaged for the sessions were suddenly called out on their own practice assignments. On occasions therefore mothers with appointments had to be turned away since it was quite impracticable to engage substitute sessional doctors at such short notice.

CONGENITAL MALFORMATIONS APPARENT AT BIRTH

One hundred and eleven cases were notified involving 147 abnormalities. This represents 18.6 per thousand with at least one malformation and approximates more nearly to the national figures than the low figures of previous years in Coventry which were thought to be due to undernotification. Thus it is not possible to comment on comparative incidence though the apparent increase in Anencephaly and Mongolism is almost certainly due to undernotification in previous years. Thirty-five cases, thirty per cent, were still born or died very early and these had between them 59 abnormalities. In the 76 who survived to 31st December, 1969, there were 88 abnormalities.

Congenital Malformations Notified in 1969

					<i>Survived to</i>			
					<i>Died</i>	<i>31.12.69</i>	<i>Total</i>	<i>1968</i>
Anencephaly	..	..	..	..	12	—	12	6
Hydrocephaly/Spina Bifida/Meningocele					11	10	21	16
Hare lip/cleft palate	..	..	..	..	1	6	7	—
Abnormality of heart	..	..	..	..	—	3	3	2
Talipes	..	..	..	..	—	18	18	19
Digital abnormalities	..	..	..	..	2	12	14	17
Mongolism	..	..	..	..	1	5	6	3
Defects of sex organs	..	..	..	..	1	5	6	2
Dislocation of hip	..	..	..	..	—	2	2	5
Partial absence of limb	..	..	..	..	1	1	2	2
Other minor defects	..	..	..	..	—	7	7	11
Other major or multiple defects	..	..	..	..	8	7	15	10

DAY NURSERIES

The slowly declining birth rate has as yet had little effect on the under 5 population and the static day nursery provision is gradually becoming more inadequate. The waiting list for priority cases rose from 68 to 132. Non-priority cases never go on to waiting lists, so the number of mothers who make do with less satisfactory provision for their children, when they go out to work, is unknown. The proposal to close Stoke Green Nursery in the interest of financial saving was fortunately not implemented. It is likely that the care a child gets in a day nursery if the home environment is poor prevents problems that would later on lead to much money being spent from public funds. The power of the Medical Officer of Health to admit a limited number of children not paying assessed fees because parents must be classed as poor in terms of adequacy, (not financially,) has value. Several children have made considerable progress under these circumstances. Some are mentally or physically handicapped, not of inadequate parents, but of parents who need help and relief and would be entitled to free special facilities if these were available. Of course some children with less severe degrees of handicap may benefit from the association with normal children and vice versa.

The shortage of staff was apparent. It has never been possible to implement the Ministry of Health recommendation of 1965 that Matrons should be additional to the former staff establishment because of the increasing administrative and social work required. At maximum, staff has been in the region of 90 full-time and 40 students. Of these 26 left; only 21 were appointed to replace them. In addition three first year and two second year students left. The shortage is not dispersed evenly throughout the nurseries. It is no longer possible to allocate a member of staff to the Nursery Service as such and deploy her as convenient. Many appointments offered are declined on the grounds of the amount of time and money which would need to be expended on travel: out of salaries which compare unfavourably with what can be obtained in other employment. The training is still very popular, but the subsequent conditions do not attract, though all students required to do so served six months after they completed their training. Of the 21 day nursery staff who started the 1967/69 course, 18 completed it and took the July examination. Two of these failed at the first attempt but obtained their certificates in November.

DAY NURSERIES

Summary of Attendances

From 1st January–31st December, 1969

Day Nursery	Number of Places	Attendances		Total Attendances
		Age 0-2 years	Age 2-5 years	
Foleshill	70	7,566	7,291	14,857
Stoke Green	55	2,786	5,869	8,655
Queen Philippa	54	5,827	4,730	10,557
Poole Road	40	2,886	5,981	8,867
Monks Park	50	3,434	5,512	8,946
Tile Hill	50	4,765	5,981	10,746
Papenham Green	50	4,272	5,887	10,159
Bell Green	50	2,202	8,309	10,511
Windmill Road	40	3,516	2,623	6,139
TOTALS	459	37,254	52,183	89,437

Number of days open 242. Attendance percentage 80·5.

CHILD MINDING AND PLAYGROUPS

The number of playgroups, i.e. those providing sessional care, rose from 57 to 72 and the number of places for which they were registered was 1,577 against 1,198 in 1968. Owing to the fact that in many groups individual children do not attend for five mornings, the number of children involved in part-time play organisations is very much greater. In April the part-time supervisor was appointed full-time (in school terms) and even so finds it difficult to make as many follow up visits as desirable. The task of keeping in touch with frequent changes of staff, especially in view of the Department of Health and Social Security requirements regarding regular chest X-rays is considerable.

Following the legislation of 1968 which required child minders to register if they took one child for more than a 2 hour session, the Department was inundated with applications, mostly from those who were already minding one or two and not coming under the provisions of the 1948 Act. As no additional staff for this side of the work was appointed until November, 1969 the actual registrations completed only caused a rise from 53 to 61. The number of children involved actually fell from 306 to 230 as some of the old registrations were voluntarily terminated and the newer ones tend to be for smaller groups; but some 300 applications were waiting to be dealt with at the end of the year.

It is early to criticise the workings of the Act, but it does appear that in trying to cover every eventuality in the interests of the child, the minder may be deterred. There is a big deterrent at the start in that at the fees mothers are prepared to pay it is not economic for a minder to operate if she is to take only the desirably low numbers and provide the proper standard of care. The need to involve the Fire Officer, inform the Planning Department, to get chest X-rays from the minder and possibly other members of the family, likewise declarations of freedom from convictions or prohibitions from various aspects of child care is irritating to some and incomprehensible to others. The typical registered minder is the woman tied to home by her own young family who will add one or two extra children, the middle aged woman whose family is no longer dependent and those who genuinely wish to do their neighbours a service. Unregistered minders still come to light and it is likely that these are numerous and consist of those who know their standards will not be approved or who are not prepared for all the procedure. In some cases, of course, it is the husband who vetoes the proposition when he learns of the declarations, X-rays, etc. It is also apparent that no one can oblige a neighbour in emergency or at short notice because of the time registration takes to complete. Unless, of course, she declares she takes no reward, either perjuring herself or genuinely being out of pocket. It is quite obvious that such minding will go on and what is the attitude of the Local Authority to be? In many cases the Authority may well have been relieved of a responsibility it would have found difficult to fulfil. It is possible that the achievement of equal pay will alter the ideas of what a

day's child care of good standard is worth. At present £3 or £3.5.0. seems to them a large proportion of what most women can earn. It must be remembered that it is unlikely that supervisory staff will ever be sufficient to ensure that standards are always kept up and parents, who are visiting twice daily must take some responsibility for keeping a watch, taking an interest and bringing complaints to the notice of the minders and the Authority.

CERVICAL CYTOLOGY

Only 1,801 women attended in 1969. This was a large drop from the 3,361 figure of 1968, which was commented on in the last Annual Report as disappointingly low. Of course there are other avenues open to women for obtaining the service, family planning clinics, family doctors and hospital out-patients, but the evidence of the total figures of smears examined in the Pathology Department which only amounted to 8,631 and were 1,211 less than 1968, is that women are not taking advantage of the service. The team tried visiting factories where surgery facilities are adequate and available, but even in this situation the numbers who do not wish to attend are higher than expected. At the clinics instruction is also given on self-examination of the breast, so that women learn about breast cancer and what steps they can take to detect abnormalities early.

47 cases were recalled and the table below shows the number of confirmed positives. It should be noted how many occur in the younger age groups in this small sample. There must be many others in the community not detected and who may end up in years to come in the deaths columns in the older ages.

Ages of positive Cases and Deaths from Female Cancers, 1969 (Figures for 1968 in brackets)

	<i>Positive Smear</i>	<i>Deaths from</i>			
		<i>Ca Cervix</i>	<i>Uterus</i>	<i>Breast</i>	
Under 35	5 (4)	— (—)	— (—)	1 (—)	
35-39	1 (3)	— (1)	— (—)	1 (1)	
40-44	2 (4)	2 (2)	1 (1)	2 (4)	
45-49	1 (5)	1 (4)	1 (—)	3 (4)	
50-54	1 (4)	1 (—)	— (2)	6 (8)	
55-59	— (—)	1 (2)	— (1)	8 (12)	
60-64	— (1)	1 (3)	1 (4)	13 (8)	
65-70	} Few Taken	2 (4)	2 (1)	13 (7)	
Over 70		3 (1)	3 (2)	19 (24)	
Not stated	— (1)	— (—)	— (—)	1 (—)	
TOTAL	10 (22)	11 (17)	8 (11)	67 (68)	

FAMILY PLANNING

1969 was the first full year of working of the comprehensive service under the 1967 Act. Unfortunately, owing to shortage of staff and finance, no extension of the service could be contemplated apart from a few sessions at Canley Clinic. The sessions maintained were two at Gulson Road and one at Tile Hill weekly. 579 first visits were made, an increase of 44 on 1968, and there were 2,251 return visits. The waiting list seldom fell below six weeks.

The Local Authority contributes to the considerable work done in this field by the Family Planning Association by allowing free use of clinic premises at Gulson Road, Broad Street and Bell Green, for a weekly session in each. The extent to which family doctors contribute in this field is unknown but again must be considerable, but as long as there is a waiting list for Local Authority services there is no room for complacency. Increasing numbers of enquiries are being made about sterilization, particularly male sterilization, and the provision of this service on a very much wider scale is an urgent need of consideration. It will need co-operation with hospital consultants but should not be allowed to get lost in the limbo of waiting for Area Health Boards.

SUPPLY OF WELFARE FOODS

National Welfare Foods, Dried Milk from a selected list together with other suitable preparations, are stocked at Child Health Clinics, either for sale or, if the need be proved, for free issue.

During the year sales to the value of £32,636 were made at the various Centres.

Sale of National Welfare Foods at all clinics and including the central food shop during 1969:

National Dried Milk	..	..	..	..	..	71,476
Orange Juice (bottles)	..	..	..	..	..	105,909
Vitamin tablets	..	..	..	..	..	5,810
Cod Liver Oil	..	..	..	..	..	4,793

PROVISION OF NURSING EQUIPMENT

A very varied stock of sick room appliances, which is added to each year as more appliances come on the market, is held in the Health Department to supply on loan to sick persons being nursed at home, thus helping to free urgently needed beds in hospitals.

Each year the demands on this most worthwhile service grows and the service is greatly appreciated both by the patients and their relatives.

DENTAL DEPARTMENT

MATERNITY AND CHILD WELFARE PATIENTS

These patients comprise less than five per cent of those attending our clinics, where those who come for inspection and treatment are principally school children.

The number of pre-school children seen during the year showed a slight increase on the previous year and the number of ante-natal cases remained extremely small. The great majority of ante-natal patients avail themselves of dental treatment within the National Health Service.

In September a newly appointed part-time Dental Health Education Officer commenced her duties and these include advising mothers attending M. and C.W. clinics on matters relating to dental health. This useful service was supplemented by the Dental Auxiliary who also carried out fillings for toddlers referred to her by dental officers.

Number of Cases

1969	Number examined	Number who commenced treatment	Number of courses of treatment completed
Children under five years of age not eligible for School Dental Service . .	803	468	397
Expectant and nursing mothers	39	36	34

Dental Treatment Provided

1969	Scaling and gum treatment	Fillings	Teeth otherwise conserved	Extractions	General anaesthetics	Dentures provided	Radio-graphs
Children under five years of age and not eligible for School Dental Service	9	668	63	804	300	—	1
Expectant and nursing mothers	8	60	—	30	4	9	3

CARE OF UNMARRIED MOTHERS AND THEIR CHILDREN

This includes arrangements for the provision of accommodation for unmarried expectant mothers and subsequently of mothers and their babies including an agency arrangement with the committee of St. Faith's Shelter. During 1969, 96 mothers and 76 babies were accommodated in this Shelter and for whose care and maintenance the Local Health Authority accepted financial responsibility.

Additionally the Health and Welfare Committee accepted financial responsibility for the maintenance of 20 unmarried Coventry mothers and their expected children accepted into establishments away from the City.

	1962	1963	1964	1965	1966	1967	1968	1969
<i>Live Births:</i>								
Legitimate	6,042	6,068	5,877	6,120	6,020	5,869	5,854	5,571
Illegitimate . . .	462	526	485	503	561	586	577	608
TOTAL	6,504	6,594	6,362	6,623	6,581	6,455	6,431	6,179
% of illegitimate births to total live births . .	7.10%	8.66%	8.25%	7.6%	8.52%	9.07%	9.0%	9.8%

DOMICILIARY MIDWIFERY SERVICE

A commentary upon the midwifery responsibilities of the Health Department appears on page 35 and the following information relates to the in-post midwifery nursing staff; shift system of work and the number of deliveries recorded, etc.

Staff

- 36 Midwives in post.
- 2 Supervisors. (1 Supervisor, 1 deputy Supervisor)
- 4 Midwives left service.
- 2 to Home Nursing Division.
- 2 for domestic reasons.

As the number of births decrease so the number of home confinements continue to decrease.

Since October, 1968 the sixth floor of the Maternity Hospital has been staffed by the Domiciliary Midwives with 24 hour cover. The patients are attended by their own general practitioners. The hospital service provides hotel service for the mothers and an auxiliary nurse.

The midwives work a three shift system:

7.45 a.m.–3.30 p.m. five days a week.

3.15 p.m.–9.30 p.m. five days a week.

9.15 p.m.–8.00 a.m. covered by night rota.

Period of two weeks every three months.

Up until 31st December, 103 deliveries were recorded but patients were being transferred for nursing from the consultant floors when necessary.

New booking arrangements have been made for general practitioners participating in the scheme:

1. M5 Hospital staff.
2. M6 Domiciliary staff.

Arrangements at present are that alternate admissions to the general practitioner unit are admitted to M6. In the not too distant future there should be sufficient direct bookings for the domiciliary floor.

During 1968 it was hoped that all patients booked for hospital confinements would be visited by a midwife in the ante-natal period. This was found to be impracticable – so many women working and because of the moving population – we have therefore decided to abandon the idea having completed twelve months with very little gain. To offset this we have reverted to home assessment for early discharge requests.

Mrs. F. Morgan was granted leave of absence to attend the International Congress of Midwives held in Chile, bursary for which was awarded by the Coventry branch of the Royal College of Midwives.

Summary of Statistics for 1968 and 1969

	1969	1968
Total Deliveries	752	1,325
Doctor present	110	206
Doctor not present	642	1,119
G.P. Unit	103	—
Patients booked for home transferred in labour	104	220
Number of Visits by Midwives:		
Ante-natal visits	15,718	18,474
Nursing	16,409	24,975
Special visits	5,605	4,353
Hospital discharges	15,448	20,746
Patients Discharged from Hospital:		
10th–14th day	460	485
5th–9th day	4,049	3,645
1st–4th day	981	1,169
Requests for Medical Aid	225	388
Number of times analgesia used	679	1,169
Clinics attended by Domiciliary Midwives:		
Ante-natal clinics at L.A. premises	664	900
Ante-natal clinics at G.P. surgeries	884	885
Family planning sessions	48	16
Mothercraft and Relaxation	782	852
Fathers class	12	12

Postgraduate courses – 11 Midwives : 1 Supervisor

Midwifery students completed training – 28

Mrs. Howell, who was given day release to attend a Midwifery Teachers' Course held in Birmingham, was successful in the Part 1 examination.

Mrs. B. Fell was granted a week's leave of absence to attend the Management Appreciation Course on a bursary from the Association of Supervisors of Midwives.

The Ministry of Health has intimated the introduction of the Guthrie Test in April for all babies; however, laboratory arrangements could not be finalised until 1st January, 1970.

Integrated Midwifery Training due to commence August, 1970

Several joint meetings have taken place between the Education Officer of the Central Midwives Board, Hospital and Domiciliary personnel. Programmes have been submitted for approval to the Central Midwives Board.

Coventry Local Authority has been invited to participate in a pilot scheme in conjunction with Coventry Maternity Hospital.

HEALTH VISITORS

Tabulation of Work, 1969

Visits

Ante-natal	..	..	..	..	..	1,049
Children born 1969	..	..	..	15,963	}	58,338
1968	..	..	..	16,406		
1964-67	..	..	..	25,969		
Cases of infectious disease	..	..	..	..	..	2,645
Special cases and problem families	..	..	..	..	..	11,296
Other social workers	..	..	..	..	..	7,852
General practitioners	..	..	..	..	..	1,633
Home conditions reports (rehousing)	..	..	..	..	..	206
Ineffective	..	..	..	..	..	15,165
Surveys	..	..	..	..	..	373
Health education talks	..	..	..	..	..	1,168
Handicapped persons	..	..	..	..	..	1,252
Persons aged 65 and over	..	..	..	..	..	2,899
Mentally disordered persons	..	..	..	..	..	247
Discharges from hospital	..	..	..	..	..	552
Head teachers	..	..	..	..	..	2,275
School children following routine medical inspections and routine hygiene inspections	..	..	..	..	..	4,468
Phenylketonuria tests	..	..	..	..	..	4,176
First visits to notified pulmonary tuberculosis cases	..	..	..	..	..	138
First visits to notified non-pulmonary tuberculosis cases	..	..	..	..	..	58
Revisits to tuberculosis cases	..	..	..	..	..	2,308
B.C.G. follow up	..	..	..	..	..	292

Attendances at clinics and schools

Child health clinics, etc.	..	..	..	..	..	8,526
School health service	..	..	..	..	..	7,341
Chest clinics	..	..	..	..	..	191
B.C.G. clinics	..	..	..	..	..	205
Number of V.D. follow-up visits	..	..	..	..	..	52

As seen from the tabulation of work, the health visitors have covered a very wide field. There is a further increase in visits to special cases and problem families of over 1,000. The number of visits for survey purposes increased from 100 to 373.

Visits to persons aged 65 and over also showed an increase of 242.

Discussions have been held on the Hillfields Project and arrangements have been made for the health visitors' area to be co-terminal with the project area.

Preliminary arrangements have been made for a health visitor to work from a group practice premises and to health visit only the people who are on the doctors' list.

Talks and meetings have been held between the people concerned on the extension of the Tile Hill Health Centre, both in the practical sense of extending the premises, and to some extent changing the management of the services which the centre provides.

The health visiting staff has shown great interest in the Green Paper published by the Department of Health and Social Security for the integration of the health service; the recommendations of the Seebohm Report and the recommendations of the Maud Committee. It has been a period of much thinking and re-thinking, and although the framework and the administration may change the health visitors know that at field level there is very much work with which they will continue to be involved.

HOME ACCIDENTS 1969

		<i>0-5 years</i>	<i>6-49 years</i>	<i>Over 50 years</i>	<i>Total</i>
(1)	Burns and scalds . .	42	30	7	79
(2)	Cuts and bruises . .	26	8	5	39
(3)	Strains and sprains . .	5	10	13	28
(4)	Poisoning	52	1	—	53
(5)	Head injuries	42	5	8	55
(6)	Fractures	4	5	10	19
(7)	Puncture wounds . .	—	1	1	2
(8)	Swallowed foreign bodies	10	3	—	13
		181	63	44	288

The number of home accidents followed up by the health visitors is reduced this year, but for some time there was a lapse in notifications from the hospital.

Comparing previous numbers it is apparent that categories (1), (4) and (5) give cause for most concern, and indicate the need for constant vigilance in the home.

The following deaths were noted:

1. Accidental death by strangulation with the pram harness.
2. One child died of cardiac failure when an attempt was made to remove a screw from the right lower bronchus.
3. One death was due to electrocution whilst using a faulty iron.
4. Two people died following extensive burns.
5. Asphyxia due to drowning.

Although the figures are generally lower it is apparent that continuing concern is necessary to make everyone aware of the dangers which can and do exist in the home. The health visitors are very much aware of the situation and take opportunities both in the home and with groups to teach home safety.

STUDENT TRAINING

Students of different disciplines have had practical experience for varying lengths of time with the health visitors. I give below the classification of students and the amount of time they have spent with the department.

<i>Students</i>	<i>No.</i>	<i>Sessions</i>
Nurses in General Training, Coventry School of Nursing	65	130
District Nurses	9	19
Students from Social Workers' Course, Lanchester College	1	2
Student Teachers, Coventry College of Education	1	6
Nurses in Psychiatric Training, Central Hospital, Warwick	5	10
Midwives, Post-Graduate Course, Special Care Unit, Walsgrave Hospital	2	2
Student Health Visitors	7	290
Doctor observing domiciliary visits with health visitor and child health clinics	1	2
Ophthalmic Students, Coventry and Warwickshire Hospital	5	5
Dietetic Students, Coventry and Warwickshire Hospital	2	4
Nursery Students	7	7

STAFF CHANGES

Four health visitors left for domestic reasons.

One health visitor transferred to another authority.

One health visitor retired.

One full-time health visitor joined the staff.

One part-time health visitor joined the staff.

Three students returned as qualified health visitors at the end of the course in September.

Seven clinic nurses were appointed to replace the following:—

Five clinic nurses who left,

One school nurse who retired, and

One T.B. visitor who retired.

A full-time interpreter was appointed in September to work with the health visitors in the child health centres and the family planning clinics.

COURSES 1969

Six health visitors attended Warwick University in March for a refresher course.

Three attended Homerton College, Cambridge, on a refresher course.

Three attended a middle management course organised by the Birmingham Regional Hospital Board.

Two completed the Fieldwork Instructors' Course.

However, due to financial stringency only two health visitors attended conferences – one to the Health Visitors' Association Annual Conference and the other to the National Association for Maternal and Child Welfare.

It is very necessary that the health visiting staff should attend refresher courses, conferences, etc., as it stimulates discussion and maintains interest.

HOME NURSING SERVICE

ANNUAL REPORT FOR YEAR ENDED 31st DECEMBER, 1969

Number of patients on books, 1st January, 1969	..	..	1,393
Number of patients on books, 31st December, 1969	..	..	1,486
Number of new patients during year	..	..	6,306
Number of patients nursed during year	..	..	7,699
Total number of day visits during year	..	..	237,140
Total number of night visits during year	..	..	5,845
Total number of supervisory visits during year	..	..	1,513

New cases were referred by:

Doctors	..	..	..	..	..	3,393
Hospitals	..	..	..	..	..	2,337
P.H.D.	..	..	..	..	..	576

Results of treatment were as follows:

Convalescent	..	..	..	..	..	2,516
Relieved	..	..	..	..	..	2,172
Hospital	..	..	..	..	..	960
Died	..	..	..	..	..	565

Analysis of types of cases nursed:

Medical	..	..	..	..	..	4,403
Surgical	..	..	..	..	..	2,433
Under 5	..	..	..	..	..	314
Tuberculosis	..	..	..	..	..	141
Maternal complications	..	..	..	..	..	308

The Home Nursing Service has once again experienced a year of increased activity with 800 more new patients being referred for care than last year and 7,000 more visits being paid to patients. The increased mobility of the Staff brought about by more Staff providing their own cars and receiving a petrol allowance for their use, the addition of three Nurses Aides to our Establishment, and the further use of disposable equipment, are the factors which have enabled the Service to absorb the additional case load. The addition of the Nurses Aide to our Staff to undertake blanket baths and routine general nursing care has proved most valuable and is greatly appreciated by the patients and District Nursing Sisters, as it enables them to devote their time to those requiring more skilled attention. The service to the patients will benefit further by the employment of more of this type of employee.

Our referrals from hospitals have shown a marked increase since the opening of the District General Hospital at Walsgrave. The discharge of patients from hospital to domiciliary care is now taking place at an earlier stage following surgery with the necessary dressings and removal of sutures being carried out by the District Nursing Sisters. In order to facilitate this work, in addition to sterile dressing packs, sterile stitch cutters have now been added to the range of disposables.

Close liaison between the geriatric units and the Home Nursing Service continues with visits by the Nursing Staff being paid to the Wards to see individual patients where this is desirable. We continue to work in close co-operation with the General Practitioners and preliminary discussions have taken place with one General Practitioner with a view to attachment of a District Nursing Sister to that practice in the very near future and it is envisaged that this type of working arrangement can be extended to cover other Group Practices in the foreseeable future.

Six State Registered Nurses were successful in the District Nurse Training Course during the year. The training scheme which was devised in conjunction with the Birmingham District Nurse training programme following the discontinuance of the training scheme under the auspices of the Queen's Institute of District Nursing is working satisfactorily.

RECORD OF INJECTIONS GIVEN DURING 1969

Vitamin K 74; Laevadosin 156; Pethidine 1,627; Myocrisin 17; Sodium Amytal 30; Omnopon 248; Vitamin B 218; Vasolastine 295; Largactil 786; Lincomycin 111; Moditen 68; Primoteston Depot 1; Sparine/Morphia 1; Morphia/Largactil 8; Influenza vaccine 14; Moxolon 36; Oestroform 121; Largactil/Pethidine 40; Hay fever vaccine 41; Diamorphine 62; Gravol 4; Synacthen 165; Tetracycline 27; Anti catarrhal vaccine 16; Lasix 589; Rheumajecta 50; Gamma Globulin 1; Hyoscine 17; Erophylate 6; Fentazin 5; Becosym 29; Sparine 288; Ergometrine 1; Heroin 56; Ceporin 43; Benerva 9; Pethilorfan 4; Capreomycin 48; Silbephylline 5; Calcium Sandoz 33; Pabrinex 10; Anti tetanus serum 7; Butazolodine 10; Aminophylline 16; Autogenous vaccine 30; Pyopen 64; Adrenalin 335; Ownopon/Scopolamine 154; Cardophylline 1; Viomycin 43; Phenobarbitone 11; Felic acid 4; Sodium Gardenal 33; Cortisone 75; Phenergan 17; Proladone 757; D.F. 118 62; Stematil 429; Colomycin 6; Atropine 11; Coliacron 11; Imferon 978; Streptomycin 3,783; Durabolin 1,267; Primulot Depot 399; Testosterone 52; A.C.T.H. 8,060; Parentrovite 255; Depo Medrone 189; Mersalyl 1,637; Cytamen 5,790; Jectofer 1,887; Anahaemin 309; Fortral 400; Morphia 1,886; Synkavit 18; Masteril 101; Insulin 35,078; Neptal 3,945; Penicillin 6,558.

HOME NURSING SERVICE

STAFF ENGAGED AT 31st DECEMBER, 1969

Superintendent	1
Senior Assistant Superintendent	1
Assistant Superintendents	2
District Nursing Sisters, Full time	28
District Nursing Sisters, Part time	7
District Nurse Students	4
S.R.N., Full time	5
S.R.N., Part time	7
S.E.N., Full time	3
S.E.N., Part time	5
Nurses Aides, Part time	9
Number of Students trained	6

Transport Provision at 31st December, 1969

Local Authority cars	3
Privately owned cars	42
Privately owned scooters	5
Privately owned pedal cycles	20

HOME NURSING SERVICE

Nursing staff consists of 40 full-time and 19 part-time, assisted by 9 nursing aides who carry out simple nursing duties under supervision, i.e. bed bathing, etc.

The population (mid-1969) of 335,650 gives a ratio of approximately one nurse per 7,000 population. This compares with the Ministry of Health's recommendation of one nurse per 4,000–5,000 population.

The statistics relating to the work of the Home Nursing Service during 1969 are as follows:

Number of patients on books, 1.1.69	1,393
Number of patients on books, 31.1.69	1,486
Number of new patients during year	6,306
Number of patients nursed during year	7,699
Total number of day visits during year	237,140
Total number of night visits during year	5,845
Total number of supervisory visits	1,513
New cases referred by:	
General practitioners	3,393
Hospitals	2,337
Health Department	576

The figures relating to the number of visits referred to above after allowing for holidays, represents about 100 visits per week for each nurse, and one must say that this is only made possible by the dedication shown by District Nurses to their duties.

VACCINATION AND IMMUNISATION

Section 26

Immunisation against Diphtheria/Pertussis/Tetanus, and Poliomyelitis

It is appropriate to report on the immunisation against these diseases as a composite group, as the standard practice is now to offer all four procedures together, the first three as a combined injection and the last as three drops of vaccine by mouth (usually on a sugar lump) at the same visit.

At first sight the figures for completed primary courses appear extremely low, compared with those of the previous year. The answer to this apparent anomaly is to be found in the adoption of the revised vaccination and immunisation schedule (on the recommendation of the Ministry of Health Joint Committee on Vaccination and Immunisation). This new schedule recommends a later start to immunisation procedures and a much wider spacing between the doses of the primary course. Formerly the primary course commenced at three months and was completed two months later; now, the start is at six months of age and the primary course cannot be completed until the age of 12 to 14 months, hence very few children born in 1969 could possibly have completed a primary course within that year.

Reinforcing doses ("boosters"), not being affected at this stage by the new schedule, showed no such drop and, in certain instances, demonstrated a definite increase in take-up.

Vaccination against Smallpox

Because of the same anomaly stated in the second paragraph of the above section, there was a drop in the take-up of smallpox vaccination. Previously this procedure was carried out at about six months of age following completion of the primary course of procedures against diphtheria/pertussis/tetanus and poliomyelitis; now smallpox vaccination is not scheduled until the age of about sixteen months.

Re-vaccination, however, showed about a 25% increase over the figures for the previous year.

Vaccination against Measles

In my 1968 report I mentioned that the Minister of Health had asked Local Health Authorities to make arrangements for measles vaccination and to promote a special campaign during the summer and autumn of that year. Towards the end of 1968, after the campaign had been completed, arrangements were made with the Authority's Computer Systems Analysts to incorporate the procedure into the routine immunization schedule, to be given at aged fifteen months (the recommended age for routine measles protection). Hence during 1969 the vaccination was arranged for all children on the computer scheme as they reached that age.

During the year, a total of 3,878 children received this specific protection. This was only about 60% of the number of children who theoretically could have been protected. The main reason for this shortfall was the fact that the Beckenham 31 strain of measles vaccine was withdrawn nationally during the year because of a suggestion that a small number of children had developed untoward side-effects, and the remaining "safe" strain of vaccine was in relatively short supply.

Vaccination against Yellow Fever

In my last report I gave a brief outline of the setting up of the internationally recognised Yellow Fever Vaccination Centre within the Department, in accordance with the requirements of the International Sanitary Regulations.

The special vaccination clinic sessions, at which this procedure is carried out, are held in Room 151 of the Health Department on Wednesday afternoons between 2 and 3 p.m. by appointment.

During 1969, 420 persons were vaccinated (compared with 369 during the previous year), mostly business men travelling abroad on behalf of their companies, intending immigrants to a variety of tropical countries and persons visiting relatives abroad.

Oral Poliomyelitis Vaccine given in 1969

Year of Birth	1969	1968	1967	1966	1962-65	Others under 16	Total
<i>Completed primary courses (1st, 2nd and 3rd doses)</i>	207	1,556	203	68	162	108	2,304
<i>Booster (4th after 3 doses)</i>	—	158	192	71	2,982	760	4,163

Diphtheria, Pertussis and Tetanus Vaccine given in 1969

Year of Birth	1969	1968	1967	1966	1962-65	Others under 16	Total
<i>Triple</i> Completed courses . .	217	1,550	211	37	69	7	2,091
Booster doses . .	—	1,686	2,047	168	776	131	4,808
<i>Diphtheria/tetanus</i> Completed courses . .	2	56	28	8	76	19	189
Booster doses . .	—	40	76	41	2,223	210	2,590
<i>Tetanus</i> Completed courses . .	—	6	11	16	128	314	475
Booster doses . .	—	2	3	12	97	417	531

Measles Vaccine given in 1969

Year of Birth	1969	1968	1967	1966	1962-65	Others under 16	Total
Primary	14	1,160	1,784	383	484	53	3,878

Smallpox Vaccinations

Age at date of vaccination	Number of Persons Vaccinated (or Revaccinated during Period)		Number of Cases specially reported during Period 48		
	Number vaccinated	Number revaccinated	a. Generalised Vaccinia	b. Post-Vaccinal Encephalo-myelitis	c. Death from Complications of vaccination other than a. and b.
0-3 months	5				
3-6 months	11	2			
6-9 months	10				
9-12 months	66				
1	1,581	23			
2-4	535	55			
5-15	153	325			
TOTAL	2,361	405			

AMBULANCE SERVICE

Section 27

The year under review was important as far as the Ambulance Service was concerned in that the District General Hospital at Walsgrave was opened, as also was another section of Stage V of the Inner Ring Road. Both factors have contributed to producing an increasing work load on the service as reflected in the increased number of patients carried and mileage involved. This is the first time for a considerable number of years that this has happened in Coventry. The effect of the Ring Road is to increase the mileage but to offset this there will be a saving of time by removing vehicle congestion. The development of Day Care Units in the fields of Geriatric and Psychiatric Medicine will undoubtedly have a marked effect upon the service and, to this end, it is imperative that there should be the closest possible contact between Local Authority Health and Hospital Staffs.

The District General Hospital opened in May and, even now, it is not fully operational. To quickly resolve all Hospital/Ambulance problems and to ensure the closest possible degree of co-operation, a standing committee consisting of Hospital Administrative and Nursing Staffs and Coventry C.B. and Warwickshire C.C. Ambulance staffs was set up. This committee meets regularly and has been most successful in helping to ensure a mutual understanding as to the best patterns for the transportation of patients.

Midwifery Service

The Ambulance Service dealt with 701 night calls for the services of a midwife. This is the lowest figure on record, and will no doubt be further commented on in another part of this report.

Appreciation

It is the wish of the Chief Ambulance Officer, officers and all members of the Ambulance Service, to acknowledge the interest of the Chairman and members of the Health and Welfare Committee, and of the Medical Officer of Health and his principal staff in the day to day problems and welfare of the Ambulance Service, and wish to thank them for this interest.

During 1969, the City and County Police Forces merged and, as a result, there was a considerable movement of personnel between the new Divisions. We wish to place on record our sincere thanks to all members of the late City of Coventry Police Force for their co-operation and help over the years and to wish them good fortune in their new surroundings. To officers of the new force who are strangers to Coventry, we extend our greetings and our ready co-operation in the work which so often brings us together.

Two more male drivers on day work were engaged during the year to resolve manning problems, but quite clearly more are needed.

During the year, the Corporation agreed to provide maintenance and repair facilities for the Hospital Management Committee's fleet of twenty-four vehicles through the Ambulance Service. Our Workshops now maintain the following fleet:

Ambulance Service	33
Health Department	9
Welfare Department	15
Public Health Inspectorate	2
Libraries, Art Gallery, and Museums	1
Catering Department	3
Hospital Management Committee	23

Annual Comparative Statistics

	1960	1962	1964	1966	1967	1968	1969
Total Number of Patients Removed	109,103	121,137	129,844	125,712	121,427	120,615	132,429
Emergency Patients	5,125 4·6%	5,643 4·6%	6,503 5·02%	6,504 5·17%	6,867 5·65%	6,983 5·78%	8,019 6·1%
Admissions Discharges and Out-Patients	103,978 95·4%	115,503 95·4%	123,341 94·98%	119,208 94·83%	114,560 94·35%	113,632 94·22%	124,410 93·9%
Total Mileage per Patient	3·53	3·44	3·4	3·6	3·8	3·7	3·6
Total Operational Mileage	386,008	417,283	448,855	456,945	463,087	456,718	489,105

In addition, the service transported 1,657 patients to a Special Care Unit for a total of 8,653 miles.

Staff

The establishment of the Service at December 31st, 1969, was as indicated below:

Administrative Staff

Chief Ambulance Officer	..	..	..	1
Deputy Ambulance Officer	..	..	..	1
Station Officers	..	..	..	3
Teleprinter Operator	..	..	..	1
Shorthand Typist	..	..	..	1
Clerks (Operations Room)	..	..	..	2
Clerks (General Office) ..	..	..	..	2
TOTAL				11

Personnel on Shift and Day Working

Leading Drivers	..	..	..	10
Ambulancemen	..	..	..	58
Lady Drivers	..	..	..	9
Storeman	..	..	..	1
Vehicle Wash Attendant ..	..	..	..	1
Part-time Cook	..	..	..	1
Part-time Canteen Assistant	..	..	..	1
Part-time Cleaners	..	..	..	2
Handyman Labourer	..	..	..	1
TOTAL				84

Maintenance Staff

Chargehand	..	..	..	1
1st Class Mechanics	..	..	..	4
2nd Class Mechanic	..	..	..	1
TOTAL				6

Vehicles

The operational strength of vehicles at the close of the year was:

Ambulances	..	..	..	14
Mobile Control	..	..	..	1
Dual-purpose Ambulances and Sitting Case Vehicles ..	..	..	..	16
Workshop Vehicle	..	..	..	1
Health Department – Special Care Unit	..	..	..	1
TOTAL				33

HEALTH EDUCATION

Health Education Services were expanded during 1969, to such an extent as was possible but, inevitably, these had their shortened boundaries because of restricted financial resources and also because of a numerically inadequate staff for the needs of the sizeable population in this City.

It is hoped that this adverse situation will be remedied within immediately forthcoming years because while it is accepted that health education is not an end unto itself yet it provides vitally important means by which better health standards can be achieved in many directions.

Health Education in Schools

During 1969, the Health Education Officer visited some 19 schools and colleges in Coventry, i.e. Modern (7), Comprehensive (6), Grammar (2), Educational Subnormal (1), Colleges (3). He made arrangements in most of these for health education programmes covering from one to three talks per month in each throughout the year. Such arrangements have progressive value in that they are a means by which health teaching can be introduced as a regular subject into the school curriculum. Greatest effort was directed towards the school leavers and also to those children over 14 years of age who were to stay on for a further year's tuition.

In some schools particular programmes of health education were arranged for the benefit of groups of fifth and sixth formers. In one other school a particular programme was arranged for the needs of children over 12 years of age.

Our Health Visitors have consistently played their customary and most important role by giving talks upon various aspects of health education at primary schools and those for educationally subnormal children; their efforts are greatly appreciated.

Experience shows that greatest impact from Health education talks and participation is made with school children, particularly those in rather young age groups, as for example, when dealing with the subject of Smoking and the hazards deriving therefrom. Such talks should be given either during the last year at primary school or in the first year at Secondary or Comprehensive schools. Findings derived from a number of surveys extraneous to Coventry have supported this contention and, furthermore, local experience while talking to groups of children has show that, on average, well over 65 per cent of children aged fourteen, who are now apparently smoking regularly, started experimenting with cigarettes between the ages of eight and ten. It is also noted that young children pay more attention to talks and discussions on this particular subject than do older boys who have already started to smoke.

Having this much in mind it was our intention to commence a health education programme similar to that described above for those children in their last year at primary school or during their first year in the senior school – and in which talks and discussion upon the hazards of smoking would be given priority. In view of our present departmental staffing limitations, however, the possibility of effecting this proposal is unlikely for the time being.

Warm thanks are due to head teachers and their respective staffs since without their willing co-operation and enthusiasm the preparation of these health education programmes would not have been possible. Thanks are also expressed to all those who took part in these arrangements in spite of their heavy commitments in their own specialised fields of work.

Health Education in Factories and Clubs

In 1969 a number of lectures were given to personnel in factories, clubs and other organisations by invitation both during the day and at evenings. Some of the factories have shown keen interest in health education, mainly in the interests of their apprentices. In addition to arranging occasional talks, lending visual aids and publicity material, a course of lectures was arranged for an industrial organisation during the year.

Campaigns

In 1969, the dissemination of information to the public upon various health education topics continued. Leaflets, posters and booklets dealing with a variety of health subjects, including Immunisation, Child Care, Foot health, Nutrition, Mental Health, General Health, Hygiene, Home Safety, Smoking, Cancer Education, etc., were distributed. Our major campaigns were directed towards the detrimental effect upon health of the Venereal diseases and the serious dangers arising from fireworks.

Venereal Diseases

There was a considerable local increase in the incidence of sexually transmitted diseases in 1969, and there is great need for the public to become more fully aware of the potential hazards, serious at times, if venereal infections go unrecognised and/or untreated. While the moralistic and emotional attitudes towards these diseases are well appreciated, yet it is to an extent unfortunate that "venereal" tends to continue as a "dirty word" not only because a proportion of people, having committed the "indiscretion", fail to come forward for necessary check-up, advice or possibly treatment, but also because it also tends to make health education approach more difficult than it should be. It is evident that this problem will be resolved to much greater effect only when the public become much more conscious of the growing incidence and its implications and as and when Authority (not simply the Local Authority) is prepared fully to integrate total resources (detection,

treatment, follow-up and propoganda) towards its more absolute control. One feels too that because of emotional content insufficient thought has been given nationally to the production of suitable posters and other visual aids relating to venereal diseases. During the year, therefore, and with the ready help of the Coventry College of Art, posters and pamphlets were designed for local display purposes and to have a greater positive impact upon public outlook. Some 300 posters and 7,500 pamphlets were produced for local distribution. Of these 1,500 pamphlets were printed in Punjabi and a further 1,000 in Urdu for the edification of the Indian population. The posters and pamphlets were widely distributed to include also the University, College, Factories, Clubs and also for dissemination through a number of voluntary organisations. Each such delivery was accompanied by a letter from the Medical Officer of Health indicating that a suitable film was also available, upon request, for showing to groups of people.

Response to these arrangements from the University and Colleges were good, but from other directions somewhat restrained. Nevertheless, there was need to reprint many more of the leaflets (English version) by the end of the year because of the increasing demand for them.

Fireworks

A few weeks prior to November 5th, the local press co-operated most helpfully in providing a reminder to the public – not least in the interests of young children as to the serious potential dangers likely to derive from the forthcoming "Guy Fawkes" celebrations. Suitable posters were also distributed to Clinics and many schools and a number more were placed in prominent situations throughout the City. Most serious injuries do eventuate at this particular time of the year due to firework displays and the damage done to children's eyes is one of the most serious outcomes. Such results are, of course, most heartrending for the children and their parents alike.

Displays

All our displays during the year were mobile since we have no departmental permanent site for the purpose. There were three different types of displays available, namely on "Immunisation", "Safety in the Home" and "Smoking and Health" respectively. The former two were displayed on the ground floor of the New Council Offices in Earl Street South, and were therefore moved periodically from one family health clinic to another at about two or three weekly intervals. The display upon "Smoking and Health" was shown in Broadgate for several weeks before we commenced our second Anti-smoking campaign.

Visitors

During the year many people from different walks of life interested in health education, visited the Health Department, either individually or

in groups. The purpose of their visits varied; some wanted to know more about the methods and impact of health education or, more specifically, to acquire data for counselling purposes about particular topics. Most callers, however, wanted information and visual aid materials for projects in their different fields. Visitors included doctors, nurses, midwives, nursing tutors, students, training officers from factories and school children.

In-Service Course and Film Previews

In-Service courses dealing with the subjects "Future patterns of Health Education in Schools" and "The use of Visual Aids" were arranged to the requirements of our Health Visitors. Several health education films were previewed and discussed by a number of Senior Officers in the department and at times a number of Senior Officers from other Municipal departments were also invited to attend and participate.

Anti-Smoking Campaigns

During the year we arranged 2 five-day courses to assist those citizens who were desirous of giving up smoking. One of these courses took place in March and the other in November, and attendances were quite good at both. A proportion of those who participated derived lasting benefit either by relinquishing the smoking habit entirely or by cutting it down drastically.

The statistics which follow show the different subjects dealt with during the year and the numbers of sessions involved and of those participating.

It will be appreciated that, in addition to the Health Education Officer, many members of the Health Department (e.g. doctors, health visitors, midwives and senior ambulance personnel) took part in the presentation of numerous talks and demonstrations. At times too, we arranged for certain Officers from outside the department to give talks, e.g. Road Safety Officer and his Staff.

To all staff involved and not least to Mr. Udoh, our Health Education Officer and to the supporting Clerical member of staff I should like to express my warm appreciative thanks for all they have done throughout the year to help stimulate Coventry people's interest to the many sided importance of Health Education.

STATISTICS ON HEALTH EDUCATION ACTIVITIES

Number of Participants

(Number of Sessions are shown in parentheses)

Subjects	School Children	Young People	Mothers' and Women's Groups	Adults	O.A.P.
Mothercraft and Child Care . .	3,172 (250)	2,155 (115)	1,100 (91)	—	—
Smoking and Health . .	1,982 (43)	584 (27)	42 (5)	—	—
Parentcraft and Relaxation Classes	—	—	—	991 (71)	—
Personal Relationships and V.D.	1,791 (51)	396 (12)	489 (20)	—	—
General Hygiene	96 (6)	54 (2)	—	—	—
Prevention of Accidents . .	780 (26)	163 (11)	46 (11)	106 (6)	266 (6)
Cancer Education and Cervical Cytology	—	—	1,419 (60)	150 (4)	—
Nutrition	501 (16)	50 (3)	165 (18)	—	—
Health and Welfare Services	776 (34)	430 (15)	66 (4)	86 (3)	104 (3)
General Health	902 (12)	309 (42)	25 (2)	—	—
Resuscitation	789 (17)	276 (12)	—	—	—
Family Planning	—	72 (5)	19 (2)	106 (2)	—
Drug Dependence	368 (13)	228 (6)	5 (1)	—	—

MENTAL HEALTH SECTION

Annual Report, 1969

During this year much discussion has taken place about the reorganisation of the personal social services. The Mental Health Section has continued the development which has characterised the greater impetus of its progress over the last eleven years since the impact of the Mental Health Act of 1959. Perhaps the most important new aspect was the increase in establishment of a psychiatric social worker financed by the Group 20 Hospital Management Committee and recruited by the Health Department to enable the Section to carry out the social work for the forty-two-bedded Psychiatric Unit due to open in the Autumn of 1969 in the new Walsgrave Hospital. Co-operation at this level is a mile-stone in the Mental Health Service provided for Coventry citizens and which has striven over the years since 1948 for closer integration between hospital and community services in an effort to bring a better service to patients and collaterally thereby to their relatives. This appointment and the work which the whole Section will undertake for the new Unit foreshadows the extension of this integration for the plans of Coventry's new mental hospital where it was envisaged that the mental health social workers would become the social workers for that too.

The mental welfare officers continue to operate the twenty-four-hour service where they assist in the compulsory admission for treatment or observation of patients who are mentally ill or disordered: there were 156 admissions. The help and co-operation of the Ambulance Service is greatly appreciated especially with the more difficult cases. On the occasions when police assistance is required they appreciate also the ready co-operation from the members of that Force. The distress felt by patients and relatives in such circumstances is lessened by the co-operative efforts of general practitioners, psychiatrists, ambulance staff and mental welfare officers.

Clearly most of the available time of our mental health staff must be devoted to their work as mental health social workers and during the year 422 cases were referred to the Section, of which 373 were patients with mental illness or emotional disturbance, and many of these referrals have led to a great deal of work with whole families.

Cases referred as mentally handicapped persons were 49, of whom 41 were subnormal and 8 severely subnormal. Referrals from general practitioners were 190 as compared with 192 last year. The numbers referred on discharge from in-patient treatment, or during and after out-patient treatment by psychiatrists were 90 compared with 105 the previous year. Cases referred from the Local Education Authority were 35, an increase of 7 over the previous year. Cases from other sources numbered 105 compared with 113 the previous year. The total number of office interviews and home visits during the year was 9,240, a slight

increase on the previous year, and many of these entailed visits and interviews outside normal office hours. Of these visits 6,719 were in connection with the mentally ill, 2,529 were concerned with the mentally subnormal. In addition to this last number there were also visits to centres, Hostel and Workshop. Over this year the continuing high level of referrals had to be absorbed by social workers with already heavy case loads. At the end of 1969 there were 19 social workers in the Combined Mental Health and Child Guidance Service – 5 in the Child Guidance Service and 12 in the Mental Health Service, and 2, Mrs. D. Sheldon and Mr. J. B. Williams, were seconded to the full-time training course in psychiatric social work. During the year the one change in the social work staff was the hospital/local authority appointment of Mr. R. Holland, a Psychiatric Social Worker, who joined the section in September. The absence of other staff changes has helped to consolidate the position in the two areas.

In the Child Guidance Service Mr. Valentine returned from the Psychiatric Social Worker Course at Birmingham University in October, 1969. The number of referrals to the Child Guidance Service this year has risen by about 5%. The intake methods at the Centre have altered during the course of the year and the family diagnostic interview has now become an established and accepted practice for most of the referrals. Another interesting development has been an increase in group work at the Centre in which several of the social workers take an active part. There is one group for unsupported mothers held by two social workers and another group for adolescents run jointly by one of the Child Guidance Centre social workers and one of the social workers from the Mental Health Section. The social workers at the Centre take part in courses relating to the practice of social work as a profession and are interested in exploring the use of new methods as mentioned above. Regular discussion takes place between the Acting Principal Mental Health Officer and the Senior Psychiatric Social Worker at the Clinic.

Co-operation with the social workers at Central Hospital has continued and the Section social workers attend weekly sessions at one of the consultant psychiatrist's out-patient clinics, and a large proportion of the work of the Section is referred from this clinic. The fortnightly sessions in Central Hospital with one of the other consultants continues and this, with three visits by the consultant to the Section to discuss progress, has led to greater understanding on both sides. If patients are to be helped to the maximum, co-operation and communication between hospital staff and community services is vital.

In 1969 there were again two meetings with the Joint Officers Committee, consisting of the appropriate Consultant Psychiatrists from Central Hospital, the Consultant Child Psychiatrist, the Medical Officer of Health, the Deputy Medical Officer of Health, representatives of general practitioners and psychiatric social workers, a representative from the Associate Town Clerk's department and those from the Coventry

Health Executive Council and the South Warwickshire Hospital Group 14 Management Committee respectively. The discussions at these meetings are most valuable in giving an opportunity for officers to meet and discuss problems, development and new areas of work. Useful discussion has taken place on the opening and the policy of the new unit at Walsgrave Hospital and also on the problems, financial and otherwise, of the proposed day centre for patients in Coventry. Great appreciation has been expressed there for the work of the Reverend Richard Hamper and his Committee at Queen's Road Baptist Church for all their assistance in making the day centre a possibility. The promised use of their extensive premises has made the scheme feasible.

Work by psychiatric social workers with general practitioners continues successfully and seven group practices each now have the sessional services of a psychiatric social worker. This is a part of the service which is still comparatively undeveloped in other areas and Coventry has now become nationally well known for its work in this important field of the community services. The close liaison between the two professions is appreciated on both sides and the service to patients is felt to be effective and often invaluable, especially as it brings help to many when symptoms of emotional disturbance are first seen to be present. Early intervention on a case work and supportive therapy level can often ease situations and thereby help to prevent more severe breakdown at a later stage.

In 1969 the Psychiatric Social Club continued to meet each Thursday afternoon in the Queen's Road Baptist Church premises. The aim of this Club is to provide a regular meeting place for patients who are not socially adequate, where social contacts may be developed and social activities undertaken in a supportive congenial setting. During the last year two mental health social workers and one psychiatric social worker have been in attendance at this group and besides helping with the transport of agoraphobic patients they helped to organise the activities of the Club. During the year 30 cases have been referred by general practitioners, consultant psychiatrists and social workers in the Local Authority and from the Hospital. The attendance has averaged 10, the highest number in attendance being 18 and the lowest 3. The group is usually divided into two activities which have included over the year table tennis, darts, cards, play readings, with the occasional visit to the Art Gallery and exhibitions. We have had continued help from the ladies of the "Fish Community Scheme" who have showed enthusiasm and interest, and I would like to express grateful appreciation to them and to the Minister of the Church, the Reverend Richard Hamper, and his Committee for granting us the use of these facilities and for their valued helpfulness. The present Club provides only for those persons who are not engaged in paid employment and during the past year two or three of our Club members have returned to a job and are, therefore, no longer in attendance at the Psychiatric Social Club.

The Local Authority's group home, 86 Blackwatch Road, for the after-care of psychiatric patients continued to provide accommodation for the four ladies who were in residence last year. One of them had a long spell of unemployment during the year due to physical and mental ill health. Further hospital treatment was not necessary, however, and she was back at work at the time of writing. While it could not be said that a cohesive household existed, the setting provided sufficient support to ensure that the four residents functioned within the community at a level which they would not have obtained as individuals within their own homes. A psychiatric social worker continued to visit weekly in order to discuss any practical or emotional problems which might arise.

During the year the Section has again contributed to student training and has had 17 students, the majority from the Certificate in Social Work Course and Diploma Course at the Lanchester College; others were from the Diploma in Social Work Course at Birmingham University and one from the Psychiatric Social Work Course at Leeds University, and requests continue. Over shorter periods there were students from other college courses, psychiatric nurses, students from the Coventry College of Education, student midwives, a group of clergy and three visiting doctors. We were also very pleased to have Mr. Stanley, the Manager of the Sheltered Workshop, in the Section for a week and this was felt to be a very positive experience on both sides and helped to clarify understanding of each other's function. Many of the students visited the Local Authority centres, Workshop and Hostel for Subnormals.

The Mental Health Service has continued to receive help from voluntary organisations. Monetary grants have been made by the Coventry Society of Mentally Handicapped Children, Coventry Family Welfare Association, Coventry General Charities and the Lord Mayor, and we wish to express our appreciation for their support, which is a valuable help to families in special need.

Senior members of the section attended meetings of the Council of Social Service; Coventry Mental Health Association, where one psychiatric social worker acts as assistant secretary; the Steering Committee of the Richmond Fellowship Hostel for Disturbed Adolescents project, and the Day Centre Committee. Progress has also been made in establishing a small group of volunteers to work with the social workers in cases where it is felt that they would be a valuable addition to the case work involvement of the social worker. One of the senior psychiatric social workers is a member of the Council of Social Service Committee on the use of volunteers and this is a growing trend in social work today, but the Coventry Mental Health Section is one of the few mental health sections in the country already attempting to extend its service in this way. Mrs. Beck of the Council of Social Service, has continued to give valuable help in providing voluntary help, especially in emergencies.

All the senior staff have taken part in lecturing and giving talks to schools, nurse training courses, women's organisations, church groups and to officers of other organisations. Although this increases the number of hours they give from their own time, it is considered essential that work of this kind should be extended in the hope that local knowledge and awareness of the real facts of mental illness and subnormality will eventually become more widespread, thereby helping patients and relatives.

The division of the section into two areas, each with its own area officer, has been consolidated and it can now be seen that this division has increased efficiency in the running of the section. It has brought about a more economical use of social work time, has lessened the time spent in travelling, stream-lined the intake and distribution of cases, and enabled the team leaders and our social workers to establish closer links with doctors, other social workers and organisations in the area. They have been able to take part in two or three regular community forums and in this way have improved communications with others working in the local communities.

In spite of a continued shortage of staff both main aspects of the work of the section, mental illness and subnormality, have expanded and progressed. Work with whole families as well as individuals has continued to be an important aspect of the work, and interesting and worthwhile results are often achieved which greatly benefit both patients and relatives. Discussion has also taken place to increase group work in the section, and it is felt that this will probably be a useful tool in the work at the new 40-bedded unit, and also at the Day Centre when these two new facilities open.

In the work with subnormals and their families two of the psychiatric social workers are now running a very successful group for mothers of subnormals. In their fortnightly sessions, opportunity is given for the mothers to talk out their difficulties and worries over the problems created by the presence of a subnormal child in the family. Their feeling of isolation is reduced in this way and the accepting atmosphere of the group helps to lessen tension and anxiety. It is hoped to extend this facility later. The continued shortage of beds in local subnormality hospitals causes many parents severe strain, and any help to reduce this must be pursued but, at the same time, it must be acknowledged that social work and all the other important local authority facilities now provided for the subnormal, will not meet all the needs and that more residential and day facilities are necessary from a national level if the present hospital and community situation is to be improved.

The major changes in the social services which are envisaged in the future make it difficult to look ahead with clarity, but all concerned in the work of the mental health section feel that their present high standard of professionalism must be maintained, if certain needs of the

mentally ill and subnormal are to be met adequately. The inability to communicate their own needs is so often a part of these illnesses and the onus to make these known rests on those who work with them. With the psychiatric unit opening shortly, and a new mental hospital planned, wide opportunities for better services to the psychiatrically ill in Coventry are possible, if the close co-operation which has been built up can be extended and maintained between the Local Authority services, the general practitioners and consultant psychiatrists in hospital.

MENTAL HEALTH SERVICE

**(Mental Health Act, 1959: National Health Service, 1946,
Section 28)**

Community Provisions for the Mentally Handicapped

Junior Training Centres and Special Care Units

At the present time the City Council provides 105 Junior Training Centre places between the Burns Road Unit (75) and Broad Park House (30). Around June, 1971, the new 75 place Junior Training Centre in the Aldermans Green area will admit its first intake and with the 28 places available at Wyken Grange Special Care Unit, the facilities should, from that point onwards, be adequate to cope with the predictable demands.

Until this new Unit opens, however, the situation will continue to be one in which the demand for places exceeds the actual provision and, during 1969, as in the previous year, it was necessary to operate a system of priorities for admission on the basis of age, clinical condition and social circumstances. With regard to the first factor, it was necessary to give particular priority to the over fives as, otherwise, children formally excluded from the education system because of "unsuitability for education at school" would have had to be cared for at home, if they had not required the facilities of a hospital for permanent residential care. This practice has not been operated without misgivings as there is considerable evidence that severely subnormal children under the age of five years derive a great deal of benefit from attending a nursery group within a Junior Training Centre. Exceptions are, in fact, occasionally made where, for example, a seriously handicapped child under five is presenting intolerable problems in a family which is experiencing other social difficulties.

During 1969 a noticeable feature of the total admissions to the Junior Training Centres was the relatively high proportion of children presenting behaviour problems of such a nature as to impede either their own progress in the Centres or that of other children attending. In the Special Care Units, of course, an even higher proportion of the children may show evidence of such behaviour disorders but this does not tend to create too many practical problems because of the rather higher staffing ratio in these Units; similarly, as these staff are aware that they are providing what is in effect a community substitute for hospital care, they are perhaps able to accept, without too much sense of frustration, the difficulties of endeavouring to maintain a "class room" atmosphere.

On the more social side, mention must certainly be made of the enormous amount of pleasure which has been brought to all the children in these Units by the donation from an anonymous benefactor of the new Minibus. This facility has widened the horizons of the children to quite a substantial extent, permitting a variety of outings to Coventry Zoo, Coombe Park, etc.

Senior Training and Sheltered Employment Facilities

The facilities of Torrington Senior Training Centre and the Sheltered Workshops are designed to extend the community care facilities for the mentally handicapped children leaving the Junior Units at age 16. A good deal of discussion has gone on nationally during the past few years as to whether the emphasis should be on continued social training, specific industrial training, or the actual provision of simple industrial work under sheltered conditions. Coventry has very largely solved this academic problem by creating two separate Senior Units, one of which has the emphasis on social training, the other providing sheltered employment, so that the individual mentally handicapped adult progresses through the Senior Centre to the Sheltered Workshops or even to employment in open industry, according to his specific abilities and needs.

1969 was a fairly eventful year for the Senior Training Centre. At the beginning of the year the Special Care Group was transferred to the end section of the lounge of the female hostel block at Torrington House, primarily to provide additional space within the Senior Centre for further trainees to be admitted. Particular care was taken to ensure that the staff attached to this group did not feel cut off from the main Centre.

Also during 1969, for the first time, a holiday was planned by the Centre staff for the trainees and this subsequently took place at the Holiday Fellowship Hostel, Hythe, Kent. The cost of the holiday was £8 10s. 0d. per head and, well in advance, a weekly payment scheme was devised so that the sum could be raised without hardship to individuals; additional sums for this purpose were raised through raffles, rummage sales, and a donation from the Coventry Society for the Mentally Handicapped. Although nearly all the staff found it an extremely exhausting experience, all were agreed that the venture was a resounding success and that a similar project should be organised for 1970.

Social education and training, in the widest possible sense, continued to play a prominent part in the life of the Unit and one particularly interesting new venture involved a group of male trainees visiting Forestry Commission woods in the locality to learn about the growth of timber; it is hoped to have a small plantation at the rear of the Centre as a result of this project.

The Centre's trampoline team gained national recognition by being invited to give a demonstration in London in November. The National Society for Mentally Handicapped Children acted as hosts in organising the event, which was watched by the Minister of State for Education and Science and several other M.P.'s. Also in the athletic field, the swimming pool provided an overall greater benefit to the trainees, most of whom now swim twice a week; the provision of the cover has, of course, made it possible to use the pool all the year round. Through the kindness of

the City's Baths Manager, the Senior Swimming Instructor visited the Centre and gave advice to staff on training would-be swimmers and by the end of the year a dozen trainees were able to swim a length of the pool.

The year was also a most successful one for the Sheltered Workshops where, of course, the emphasis is on productivity. The target, regarded perhaps as rather optimistic was £8,000, but the actual income at the end of the year was £8,600. Many factors contributed to this situation, but the two most important were the "go-getting" approach of the Manager in his contacts with local industry and the happy working environment in which the employees found it easy to give of their best.

The bulk of the work, once more, was provided by the local automobile industry, especially Jaguar Cars Limited and Rootes Motors Limited, but for the first time Quinton-Hazell, the motor component manufacturers also supplied the Unit with work. The Workshops have, in fact, become well established in the industrial field not only in Coventry but also in surrounding districts including Birmingham, as an industrial unit with a very high standard of production both qualitatively and quantitatively. The supply of work is now so much that the Workshops are regularly able to divert some of this to the Industrial Rehabilitation Unit across the road and also to the Industrial Workshops attached to Coleshill Hospital.

During the year nine employees moved out into jobs in open industry, thereby demonstrating the value of the social training/industrial training/sheltered employment progression which is possible at the Torrington Establishments. It is believed that Coventry is rather unique having this sort of set-up but it is felt that the results are a vindication of the policy of laying the primary emphasis on further social training, prior to specific industrial activities, as there is much evidence that when subnormal adults "break-down" in open employment it is usually because of social failure rather than inability to carry out the actual duties of the job (generally a simple repetitive one).

Residential Establishments

During the year 53 children were admitted for short term residential care at Broad Park House Short Stay Home, many of them on more than one occasion. This home, it will be recalled, provides residential care, normally for periods of up to three weeks for severely subnormal children who are capable of being cared for without requiring the resources of a hospital (e.g. nursing care), so that over-burdened parents may have a much needed rest or go on holiday without either the difficulties of coping with the handicapped child or worrying about the latter in their absence. The home is run, essentially on domestic lines and, during their stay, the children live in what is very much a family

atmosphere. The aim of the staff is to make the children feel as much at home as possible and they endeavour to cater for the individual needs of children, even to the extent of finding out in advance which particular foods are liked and disliked. Fortunately, with the advent of the new Minibus from the anonymous donor it was possible to take parties of children in residence to places of interest such as Coventry Zoo, Coombe Park, etc.

The lack of places at Torrington House presented even greater problems during the year than in 1968, particularly with regard to the female residential block, and in the early part of the year it was quite impossible to admit any female subnormal adults, even though they required this care and did not really need the facilities of a hospital. As a matter of expediency it was considered appropriate to convert one three bedded room in the male block into a self-contained unit for three mature lady residents, thereby offering three places in the female block which was then able to deal with certain admissions, the delay in respect of which had been causing great concern. It has, of course, been obvious for some time that Torrington House by itself will not provide an adequate number of places for those Coventry mentally handicapped adults who require this facility and who do not require hospital admission. This is in no sense a local problem and Coventry has undoubtedly gone further in this direction than many other Authorities. A further fifty-place residential hostel in the Baginton Fields area was included in the Health and Welfare Committee's Capital Programme but for reasons of financial stringency, it has not been possible for the City Council to maintain the position of this projected unit in the Programme for the time being. The situation gives cause for much concern as there is no doubt that, since the passing of the Mental Health Act, 1959, there has been a progressive growth in public expectation that residential facilities for the mentally handicapped shall be provided, outside hospital, by Local Authorities. When the re-organisation of the personal social services takes place on a statutory basis as a result of the implementation of the Seebohm Report, the position may be rather different, as residential provisions for the mentally handicapped will have to be considered alongside residential establishments for other categories such as deprived children and old people and it is hoped that they will not suffer in the competition for priorities.

The following data on the work of the Psychiatric Social Work Unit at the Central Hospital, has kindly been supplied by Alfred Gottlieb, A.A.P.S.W., Head Psychiatric Social Worker.

ANNUAL REPORT OF THE PSYCHIATRIC SOCIAL WORK DEPARTMENT, CENTRAL HOSPITAL, NEAR WARWICK, FOR THE YEAR 1969

The statistical survey for 1969 shows very similar figures to those of 1968, except that they are slightly lower. This is remarkable, considering the fact that two of our Social Workers left during the year, Miss Clark in August and Mrs. Muller in November, and we were not able to replace them until the end of the year. If we add to this that I myself, owing to illness, was away from the end of November, I can only conclude that everyone in the Department worked very hard to make it possible to cope with nearly the same number of patients as in the previous year, and I would like to thank my colleagues, both the Social Workers and the clerical staff, for their special efforts.

May I add that our colleagues in the Coventry Mental Health Department and those in the County Department also did their best to keep the service for our patients at full strength, and co-operation last year with both Departments was really very good indeed.

Miss Clark, a junior Social Worker, left us to get married and Mrs. Muller left to get employment with a far better salary in a nearby Local Authority department. Our greatest loss was the retirement of Mrs. Lush who had been with us for many years and had received her original in-serving training in our department. We all wish her a very happy retirement and we hope she will keep the friendly personal contact we all had with her for such a long time.

We welcomed at the end of the year Mrs. Clifford as a new colleague; she had worked for a number of years in the Banbury area and had been trained by a Consultant of Littlemore Hospital who had a clinic and also a small in-patient unit in that area. Mr. Robinson joined us after finishing his University training and we hope that the in-service training we can offer him here will be of help to him in his future career. Mrs. Riley, who used to work with us full-time, has been able to rejoin us in the Rugby area on a sessional basis quite recently. There is some hope that we may be able to fill our last vacancy with another in-service training appointment in the near future.

As in all Mental Hospitals there have been changes in the emphasis of the work done, both on the medical and nursing side and in the field of social work, but we are glad to say that our co-operation with all the other branches of the Mental Health field, both inside and outside the hospital, has remained good. We want to thank all our colleagues for the help they have given us in our work.

**STATISTICAL SURVEY
DEPARTMENT OF PSYCHIATRIC SOCIAL WORK, CENTRAL
HOSPITAL, NEAR WARWICK, 1969**

	Total	In-Out Patients		Children	Coventry	Bedworth	North	L'ton & Warwick District	Stratford District	Rugby District
Total number of cases dealt with in period . .	1,495	1,086	278	131	807	12	11	329	117	219
How many of these had been seen previously . .	548	483	36	29	380	2	2	57	46	61
Total number of all visits (home or authority)	2,372	1,879	346	147	1,349	1	2	492	146	382
Total number of interviews in Out-Patient Clinics	1,832	1,530	161	141	858	15	5	282	205	467
How many were:										
Social Histories only . .	84	39	17	28	24	—	1	30	9	20
Social Histories and other work	138	90	16	32	69	—	—	33	18	18
One interview only (other than Social History)	299	191	79	29	189	2	3	62	32	15
How many cases involved four visits or more	243	206	28	9	166	—	—	33	12	32
Four clinic interviews or more	178	144	27	7	81	1	—	19	15	62

TUBERCULOSIS

The number of new cases of pulmonary tuberculosis notified to the Health Department was 126, a rise of 34 compared with the figure of 92 for 1968 which was the lowest ever recorded. Of the total notification 57 (45%) were in respect of Commonwealth immigrants; when one relates this figure to the estimated population of Commonwealth immigrants resident in the City, it is clearly seen that this group has a much greater incidence of pulmonary tuberculosis than the indigenous population.

T.B. MILK

Number of persons receiving milk at 1st January, 1969	191
Number of additional persons allowed milk during 1969	40
Total number of persons who received milk during 1969	231
Number of persons receiving milk at 31st December, 1969	186
Cost during the year ended 31st December, 1969	.. £3,788.5s.8d.

OCCUPATIONAL THERAPY – ANNUAL REPORT, 1969

Group Therapy

The ever increasing range of crafts available under the Occupational Therapy Scheme during 1969 assured the continued interest and co-operation of long-term patients. This created a problem. A number of patients attending group therapy are also attending a Day Centre for the Disabled at last once a week. Due to limited accommodation this restricts the number of new patients accepted for Group Therapy. Domiciliary Occupational Therapy can, of course, help these patients, but not all are suitable as they need the social and working atmosphere of a group. These new patients are also likely to be long-term, and therefore the same problem arises once again.

It is impossible to say when Group Therapy has achieved its purpose with the permanently disabled patient, such as the paraplegic whose age is a barrier to the prospect of regular employment.

The mental depression and apathy that can result from the psychological shock of becoming a Paraplegic can be minimised by encouragement towards mental and physical activity. This in the form of Occupational Therapy can, in the early stages of disability help the patient to make better progress. This period in the life of a paraplegic must also be used to teach him to do as much as possible for himself in order to show him that independence is not impossible. To discharge the patient even after a long period of Occupational Therapy, it is found that depression once again results. Discharge to a Day Centre is sometimes the answer to this problem, but unless it is possible for the patient to attend the centre each day, prolonged O.T. is the only remedy. With the opening of more Day Centres it is to be hoped that this problem will be resolved.

It was at first thought to be a disadvantage to mix patients with diverse disabilities. The results achieved in group projects proved to the contrary. Patients with very limited mental or physical ability are able to do the basic preparation such as sanding stool frames, making backgrounds for colleges and removing mosaics from the backing. The patients with more ability, add a stage to the work by staining and polishing, cutting patterns and materials, grouting finished mosaics. The work is then passed to those with much greater ability for finishing. Crafts are, of course, chosen with movement, posture and concentration of the patient in mind, but wherever possible a choice of craft is given to the patient.

Domiciliary Occupational Therapy

For the domiciliary patient the range of crafts is also very wide. The more popular crafts are those that provide a useful item for their home, as it is becoming increasingly difficult to find a market for the finished

work. To combat this difficulty, the introduction of repair work was a particular achievement during 1969. This work gives the patient great scope and even greater satisfaction without the financial outlay involved in producing a complete article. The staff of Gulson Clinic, relatives and friends of patients are particularly helpful by bringing various articles for repair. A great advantage in this is that they do not appear to mind if a repair is occasionally unsuccessful. Articles repaired range from leather bags and book covers to china, picture frames, jewellery and table lamps.

Work such as glove making, leather carving and intricate pattern making is reserved for the more artistically inclined patient. A sewing machine and knitting machine are useful, but are often put out of order by the inexperienced or uncoordinated patient. Time is wasted when the machine is sent for repair and the patient feels frustrated, being unable to continue his work. These machines therefore have only been used by patients for whom they have great therapeutic value and particular interest. The Domiciliary Occupational Therapy Service continues to accept patients with all disabilities.

Statistics relating to the year 1969

Number of patients remaining in scheme from 1968	..	103
Number of patients brought into scheme during 1969	..	16
Number of patients left scheme during 1969	.. ..	19
Number of patients in scheme at 31st December, 1969	..	100
Number of patients attending Group Therapy, 1969	..	39
Number of visits to patients during 1969	.. ..	805
Number of attendances by patients to Group Therapy, 1969	..	813
Number of patients visits to office during 1969	.. ..	629
Total attendances by patients during 1969	.. ..	1,442

CONVALESCENCE

The Coventry City Council has accepted responsibility for hospital cases needing essential recuperative convalescence following their treatment. Such cases are for the most part accommodated by the hospital Almoner for allocation to acceptable convalescent homes. All applications are carefully scrutinised by the Medical Officer of Health.

During 1969 four cases were accepted at a total cost of £41.15s.0d.

HOME HELP SERVICE

National Health Service Act, 1946, Part III, Section 29

The Home Help Service in Coventry operates under the provisions of Section 29 of the National Health Service Act under the administrative scheme approved by the Minister of Health. The Health Service and Public Health Act, 1968, Section 13, under which the service would become obligatory, has not yet been implemented, Circular 31/68 from the Minister of Health states that it is deferred on account of the economic situation. Therefore, at the present time, the service is a premissive one. The service has responded well to the calls made upon it during 1969.

It is now 21 years since the implementation of the National Health Service Act and this was celebrated by a Dinner and Cabaret arranged by the Home Help Social Club at the Hotel Leofric in the summer.

In 1948, 90 home helps were employed (full-time and part-time) as against 528 in 1969.

The service is decentralised and Area Offices are situated as indicated hereunder:

1. Central	1a Argyll Street
2. Wyken	1a Argyll Street
3. Bell Green	Housing District Office, Hall Green Road
4. Holbrooks	Community Centre, Masser Road
5. Radford	Multi-Purpose Building, Jubilee Crescent
6. Allesley	Allesley Youth Centre, Birmingham Road
7. Canley	Housing District Office, Torrington Avenue
8. Willenhall/Earlsdon	Housing District Office, St. James Lane, Willenhall

The Home Help Organiser's office is at the Council House.

During 1969, the total number of cases provided with assistance was 3,266. Comparative figures of the cases dealt with in the years ended 31st December, 1968 and 31st December, 1969 are set out below:

	1968	1969
Over 65 years	2,369	2,633
Under 65 years		
(a) T.B. and Chronic Sick	148	145
(b) Mentally Disordered	21	25
(c) Maternity	160	118
(d) Others	360	345
	3,058	3,266

There continues to be a reduction in the number of maternity cases dealt with and this appears to be a national trend, although the opening of the Maternity Unit at Walsgrave Hospital will have affected the number of cases requiring help in this area.

The "over 65" cases continue to increase, thus indicating the important role played by the Home Help Service in regard to the care of the aged, enabling them to remain in their own homes as long as possible. The decision taken in 1968 by the Health and Welfare Committee that householders who receive the services of a home help and who are in receipt of a supplementary allowance from the Ministry of Social Security are no longer required to make any payment has allowed the provision of home help to those who otherwise would be unable to afford it.

I would draw to attention the frequent acts of kindness performed by the home helps, over and above their normal duties. To the elderly and disabled, it means much that "someone cares" and many home helps visit at weekends, provide meals and visit their "clients" after admission to hospital. Loneliness is a special problem of the aged and the visits of the home help are eagerly awaited. It is felt that home helps themselves derive immense satisfaction from their work, although, as quoted hereunder, sometimes home helps have to work in unsatisfactory conditions and deal with trying circumstances.

A family was referred to the Service by the Public Health inspector in August. The home was in a filthy condition and wet bedclothes and dirty clothes were thrown on the floor. A dog and a bitch belonging to the family had left faeces on both floor and clothing. The five occupants of the house, a woman of 75 years (doubly incontinent), her son and daughter, and a grandson and grand-daughter, were of sub-normal intelligence. Until home help was provided, clothing was not changed regularly – clothes were bought from jumble sales and when these were worn the dirty clothing was left scattered about the house. Following an initial cleaning of the house, home help is now provided daily and all who live in the house now have clean beds and change into clean clothes each week. While the help has been going to this house, she has had to deal with three litters of pups, involving 22 pups. The Area Organiser makes frequent visits to support and encourage the home helps allocated to this household and it is felt that the approximate cost of £10 per week compares very favourably with the cost of housing the occupants in suitable "homes".

The support and guidance of the Area Organisers, who are well aware of the difficulties met by the home helps, is most important, and it is essential that the home helps themselves should be able to adapt themselves to the great variety in the households they are expected to assist.

One querulous, arthritis old lady has lived in two areas of the city. Home helps working in both areas have cleaned, shopped, washed and fed her and constantly gone back to sit with her in their own time. When she died, they attended her funeral.

Another widow, aged 85 years, housebound, lonely and mentally disturbed, suffered from a form of alcoholism. After twelve months of patient care by home helps, this patient seems well fed and happy, her alcoholism apparently cured. Her home is now clean and comfortable.

An elderly batchelor has received the services of a home help for a number of years. He suffers from chronic bronchitis and is demanding and difficult to please. He is doubly incontinent. A home help attended to his personal cleanliness, took his soiled washing home and visited him in her own time. She provided him with a Sunday meal until his admission to hospital.

Help is also provided in homes where the mother has died or is not living with the family to enable the father to keep his family around him. I give below an example of a family recently assisted:

A request was received from the Chest Hospital, where the father of this family was receiving treatment following an injury. His wife had left the home. Daily help was provided as both house and family needed care and attention. Bedding and clothing were provided from various sources and the home help visited the house every night in her own time (and at weekends) to make sure that the family had a hot meal and a good fire in the winter months. She opened her own home to the children, although some members of the family were on probation, and although help from this department has now ceased still entertains the family most weekends for a meal.

Recruitment of Home Helps

Recruitment of home helps has been satisfactory. The main source of recruitment is upon personal recommendation but during the past year the local Press featured an article "A Day in the Life of a Home Help" and this did much to stimulate the interest of the public in the nature of our work and caused us to receive applications to join our staff.

Training of Home Helps

Five training courses, each of one week's duration, have been held. Lectures on selected subjects were given and practical work undertaken under the guidance of a Domestic Science Tutor, with special emphasis on dietary needs of the elderly, presentation of foods and invalid cookery.

All home helps attended lectures arranged by the Chief Fire Officer concerning fire hazards within the home. This is particularly important in regard to the care of young children and the elderly.

Training is essential for home helps, improving their efficiency and making them aware of the importance of their role in the health and welfare services. They are much stimulated by these courses at which discussion groups are held when advice and guidance can be given on their problems.

Liaison with other Departments

As part of their Training Scheme, a number of student nurses and midwives have received talks from the Home Help Organiser concerning the work of the Home Help Service. Trainee social workers have also attended lectures and domiciliary visits with the Area Organisers have been arranged so that they could see the service at work. During the summer months, a student from a Domestic Science College chose the Home Help Service as the subject of her vacation project. She spent a fortnight working with home helps in the mornings and visiting with Area Organisers in the afternoons and studying the organisation of the Service.

Home Help Social Club

Activities are arranged at two-monthly intervals and include outings, social evenings and the annual dinner and dance. Home helps thoroughly enjoy these activities which give them the opportunity of meeting in a relaxed atmosphere.

Retirement of Home Helps

This year has seen the retirement of a number of home helps who have attained the age of 60 or 65 years. Amongst these have been ladies who have completed between 15 and 21 years' service. This loyal service to the department is invaluable and gives us a nucleus of dedicated home helps.

Night Care Service

This service provides assistance during the night hours in households where the seriously ill have no relatives or friends to attend them. It also provides relief for relatives who have been helping in this way for a long period. During the year, 25 cases were assisted.

Early discharge from hospital and the waiting lists for admission cause a greater demand for home help and it is vitally important that the service should continue to expand to meet this demand.

It is important, too, to bear in mind that other forms of service may be required, such as a warden service, a laundry service to deal with incontinent washing which causes a problem for many home helps in homes where there are inadequate facilities or a "sitters-in" service to relieve overburdened relatives. A closer link may be provided with the work of families who are a problem within the community, teaching housecraft to inexperienced mothers, etc.

Since the service commenced in 1948, it has gone from strength to strength and it now plays a vital role in the health and welfare services of this country. Other agencies are becoming more and more dependent upon the support given by the Home Help Service.

Staff employed at 31st December, 1969

Home Help Organiser, Area Organisers and Assistant Area							
Organiser	..	..	..	..	..	..	10
Clerks, whole-time	..	..	..	..	..	..	7
Clerks, part-time	..	..	..	..	..	..	2
Home Helps, whole-time	..	..	..	..	..	..	4
Home Helps, part-time	..	..	..	..	..	..	528
Whole-time equivalent	..	..	..	..	..	..	267

MEALS FOR THE SICK AND AGED

The Mobile Meals Service in Coventry, understood to be the first municipally operated service in the country, was inaugurated in 1949, and has been so increased in its operation that the average meals supplied each weekday during 1968 were 466 as against 74 in 1949. One very pleasing feature of the service is the delivery of between 15 and 30 meals on Saturdays and Sundays and Bank Holidays to persons who even at weekends would otherwise be unable to obtain a reasonable hot mid-day meal. Sunday meals are prepared at Primrose Hill Lodge. The total number of meals provided since the inception of this scheme is now more than a million.

The following statistical details relate to the service in 1968 and 1969:

	1968	1969
Total number of meals supplied	119,484	124,869
Average number of meals per day (five day week)	466	481
Cost of purchasing meals	£13,725.13s.10d.	£15,509.7s.0d.
Contributions from recipients	£1,149.18s.0d.	£1,413.15s.11d.
Net Cost	£12,575.15s.10d.	£14,095.11s.1d.
Total number of persons attended	758	871

A fleet of 9 vehicles is maintained, 8 of which are used on the regular daily service, and the remaining vehicle is kept as a spare in case of breakdowns or other emergencies.

16 part-time employees are engaged, and the replacing of staff, when necessary, presents no difficulties.

CHIROPODY SERVICE

(Coventry Corporation Act, 1958, Section 72)

In consideration of the profession of Chiropody and its practice one not only needs to take into account the factor of preserving mobility, thus reducing the possible load on residential care or other health and welfare services, but it also is to look at the causes of a patient's condition as well as its effects. Thus it is easier to remedy, prevent or refer such conditions.

This has been recognised in Coventry for some years, indeed the City Council included in its Coventry Corporation Bill in 1958 clauses in relation to the provision of a Chiropody Service which subsequently became law. Thus by virtue of Section 72 of the Coventry Corporation Act, 1958, a service was commenced in March, 1959, and now operates under the following conditions:

- (a) As a free service for aged and necessitous persons as defined in the Act.
- (b) The service provides for the giving of treatment to both ambulant and house-bound cases.
- (c) The chiropodists employed are State Registered chiropodists as defined under the Professions Supplementary to Medicine Act, 1960 and the regulations made thereunder.

Since April, 1966 the Department has employed a full-time chiropodist and there is a vacancy for a second one. This vacancy, owing to the dearth of chiropodists is proving difficult to fill.

Additional to the chiropodist directly employed, chiropodists in private practice are employed on a per capita basis and, on a sessional basis. Treatment is therefore available at the patients' homes, at the chiropodists' surgeries and at certain clinics.

The number of patients receiving treatment during 1969 with comparative figures for 1968 are indicated hereunder:

						1968	1969
Domiciliary	..	..	..	..	..	1,625	1,598
Surgery	..	..	..	..	..	1,389	1,450
						3,014	3,048

The number of treatments during the year was 17,217.

The figures include:

Treatment at Clinics	..	..	..	..	..	544
Domiciliary Treatments	..	..	..	..	..	8,143
Treatment at Old People's Homes	..	..	..	..	..	1,778
Treatments at Chiropodists' Surgeries	..	..	..	..	..	6,752
						17,217

Therefore there is an increase in the number of people treated from 3,014 to 3,048 and the number of treatments from 16,236 to 17,217 this year.

REMOVAL TO SUITABLE PREMISES OF PERSONS NEEDING CARE AND ATTENTION (National Assistance Act, 1948, Section 47)

Section 47 of the National Assistance Act, 1948, enables the necessary action to be taken to secure the necessary care and attention of persons who

- (a) are suffering from grave chronic disease or, being aged, infirm or physically incapacitated, are living in insanitary conditions, and
- (b) are unable to devote to themselves, and are not receiving from other persons, proper care and attention.

The Section outlines the procedure to be taken which means that the Medical Officer of health must be satisfied after thorough enquiry and consideration that such a course is necessary and where urgency measures are taken a second doctor must so certify. The court in normal circumstances must hear the application for compulsory removal or in urgent circumstances one Justice of the Peace only.

Removal under these circumstances is very undesirable, and fortunately during 1969 no cases were so removed. There were, however, one or two instances of persons requiring care and attention who refused to avail themselves of such facilities as the hospital or Welfare Department were able to provide, or to make available, but eventually they were prevailed upon to enter suitable premises without the necessity of invoking compulsory powers.

MAIN DRAINAGE AND SEWAGE TREATMENT

The City Engineer and Surveyor has kindly provided the following observations:

The year 1969 provided landmarks both in sewage disposal and in sewage treatment. The first stage (from the Finham Works to Binley Road) of the Sowe Valley Sewer Duplication was completed and brought into use, whilst the second stage of the Canley Sewer Duplication was also completed but not commissioned. At the same time two further stages of the Fourth Extension of the Finham Sewage Treatment Works were commissioned, along with the Sowe Stormwater Station.

The Treatment Works now have a nominal dry weather capacity of 24 million gallons per day and, when a further small extension scheme has been completed, will be subject to more onerous effluent quality standards.

The Corporation's Trade Effluent Scheme has, with the permission of Bedworth U.D.C., been extended to cover industrial premises in Bedworth but draining into the City's sewers.

Work has continued on the Sherbourne Sewer Duplication, some 50% having been constructed by the end of 1969 and, in addition, smaller schemes for the relief of flooding have been carried out.

1970 should see the commencement of Stage 2 of the Sowe Valley Sewer Duplication, a 3 year contract, on completion of which the eastern part of the City will be served by a completely new sewer some 9 miles long from the City Boundary in the north to the Treatment Works at Finham. In addition the Hall Brook Improvement Scheme to relieve flooding from this brook in the northern part of the City will also be commenced, together with smaller schemes for the relief of flooding and also, as in the case of Brownhill Green Sewerage Stage 2, for the abandonment of cesspools.

PUBLIC WATER SUPPLY

I am indebted to the Water Engineer and Manager for the following information in respect of the City's Water Supply:

1. (a) The water supply within the Undertaking's area of supply has been satisfactory in quantity and quality.
- (b) Action taken in respect of any form of contamination consists of chlorination at all sources of supply which at underground sources of supply is only a marginal dose.
- (c) In respect of the City this Undertaking supplies direct 108,943 dwellings and indirect 762 dwellings. The population supplied is 334,085 and the population supplied indirect is 2,286 at 31st December, 1969.
- (d) The fluoride content of the various sources of supply are as follows:

*Fluorides expressed as
Fluoride*

p.p.m.

Surface Derived Supplies

River Severn Supply Works 0.10

Bulk Supply from Birmingham Whitacre
Works 0.15

Underground Supplies

Brownshill Green 0.04

Meriden Shafts 0.12

Mount Nod 0.12

Spon End 0.08

Whitley 0.09

Green Lane 0.12

Watery Lane 0.16

2. (a) The frequency of chemical and bacteriological examinations for 1969 were as indicated in the following tables:

CHEMICAL AND BACTERIOLOGICAL ANALYSES

Bacteriological Examinations

<i>Samples from</i>	<i>Frequency of Examination</i>	<i>Laboratory</i>
All underground supplies, Strensham and bulk supply from Birmingham	Twice weekly	City Laboratories Service, Coventry
	Fortnightly	Coventry Public Health Laboratory
Strensham	Treated water Daily	City Laboratories Service. Laboratory at Strensham
	All stages including inlet and outlet Bredon Reservoir Weekly	
Distribution System	8 samples each week	City Laboratories Service, Coventry
New and repaired mains, consumers' complaints, etc.	As required	City Laboratories Service, Coventry

Chemical Examinations

<i>Samples from</i>	<i>Frequency of Examination</i>	<i>Laboratory</i>
All underground supplies	Monthly	City Laboratories Service, Coventry
Strensham and bulk supply from Birmingham	Fortnightly	
Strensham	Treated water and all stages partial analysis — daily	City Laboratories Service, Laboratory at Strensham
	Full analysis all stages through works — monthly	City Laboratories Service, Coventry

(b) The waters are not liable to have plumbo-solvent action.

1969

COVENTRY CREMATORIUM

The Canley Crematorium, which is owned and operated by the Parks and Cemeteries Department of the Corporation, continued efficiently to fulfil its role in the hygienic disposal of the dead. The Medical Officer of Health, as medical referee, has the assistance of the Deputy Medical Officer of Health and his two Senior Medical Officers as deputy medical referees.

The figures for 1969, with comparative figures for preceding years, were as follows:

Total Cremations

	1966	1967	1968	1969
TOTAL	2,658	2,726	3,041	3,046
Coventry Residents	1,563	1,574	1,765	1,741
Residents of other areas ..	1,095	1,152	1,276	1,305

Again during 1969 the number of cremations greatly outnumbered, as in 1968 and recently preceding years, the number of burials (1,255) in the City.

**MEDICAL EXAMINATIONS AND OTHER ASSESSMENTS
CARRIED OUT ON BEHALF OF CORPORATION
DEPARTMENTS DURING THE YEAR
1st JANUARY, 1969, to 31st DECEMBER, 1969**

1.	<i>For superannuation purposes</i>	
(a)	Superannuation medical decisions based on questionnaire	763
(b)	Superannuation medical decisions based on medical examination	222
		985
2.	<i>Medical examinations to determine fitness for a particular post</i>	
(a)	City Transport Undertaking	
(i)	Initial examination for P.S.V. licence	152
(ii)	Routine re-examinations at stipulated ages	127
(b)	City Fire Brigade	
(i)	Initial examinations	21
(ii)	Special breathing apparatus examinations	27
(c)	Other examinations (e.g. for fitness to work with children, to be employed as school caretakers, etc.)	314
3.	Special medical examinations (prolonged sickness, fitness to resume work, possibility of need for premature retirement, guidance regarding need to modify duties, etc.)	162
4.	Food handlers medically cleared (by questionnaire, X-ray, and laboratory investigations)	
(a)	School Meals Service	572
(b)	Hospital Catering Staff	127
5.	Medical examinations for heavy goods vehicle drivers licences	
(a)	Fire Brigade	17
(b)	City Engineer's Department	15
6.	Yellow fever vaccinations	420

NURSING ATTACHMENTS TO GENERAL PRACTICE

For Coventry it is apposite in consideration of the above subject to recall the implications of Section 21 of the National Health Service Act (Health Centres) since with that enactment and for some considerable time thereafter, the words "Nurse Attachments" had not appeared specifically and had therefore no real significance. The means by which it was thought that close liaisons could be effected between general practitioners and appropriate local health authority fieldwork staffs – municipal nurses not least – was, basically, through the media of Health Centres and, in somewhat later following years, within the compass of group practice arrangements also.

Within a year of the National Health Service enactment, the Coventry Health Committee had approved the provisional earmarking of some fourteen likely sites for the possible building of Health Centres. These geographically and in terms of local concentration of population would cater for the defined health needs of Coventry citizens within reasonable "pram pushing distance" of the Centres. The sites were situated respectively at: Cox Street (Central); Broad Street (Foleshill); Four Pounds Avenue (Chapelfields); Quinton Park (Cheylesmore); Barrass Green (Upper Stoke); Holbrooks Lane (Holbrooks); Prior Deram Walk (Canley); Jardine Crescent (Tile Hill); Binley Road (Binley); Henley Road (Walsgrave); St. James Lane (Willenhall); Jubilee Crescent (Radford); Moseley Avenue (Coundon) and Green Lane.

That only one modified Health Centre has eventuated, therefrom, to date (Tile Hill 1956 – Maternity and Child Welfare; General Practitioner Surgery Suites 1958) is now perhaps somewhat academic – although, granted, this was disappointing. Yet of considerable importance in retrospect was the forward looking intent of the Local Authority, through its Health Committee, quickly to achieve the widespread availability of Health Centres within which the Local Executive Council's Practitioner Services and the Local Health Authority's Community Personal Health Services could be brought closely together. By such means the respective personnel would effect liaison to the greatest overall benefit of citizens.

From time to time when the planning of certain Health Centres came under consideration the Birmingham Regional Hospital Board was routinely approached as to possible interest in the provision of any hospital-type facilities.

"Attachment" it is reported, was not at that time a convenient word of choice and, even for many today, it is not considered an entirely flattering appendage in terms of objective participation between doctors, nurses and maybe, too, other staffs ancillary to Medicine.

In immediately succeeding years and for a number of reasons – some good and some not quite so – the early conception of Health Centres for Coventry did not, unfortunately, materialise in practical fashion. Successively, plans for an extensive Health Centre in the Foleshill area (Broad Street) were jettisoned in 1950; those for a quite comprehensive Health Centre planned at most moderate cost to occupy the entire ground floor area of a multi-storey block of flats at Tile Hill (i.e. immediately nearby the now existing Centre) were rejected, centrally, in 1952. In October, 1952, intensive joint consideration was given to the building of a Health Centre at Bell Green but, in May, 1953, this intended project also was consigned to the sidelines.

By this time some four years had passed since the initial programme for Health Centre sitings had been advanced and following upon an M.O.H. report to the Health Committee in September, 1953 underlining the continuing serious lack of modern Maternity and Child Welfare/School Health Clinic facilities, the Coventry Council authorised its Health Committee to embark upon a series of new purpose-built establishments. These buildings were erected successively at Broad Street (Maternity and Child Welfare/School Health) in 1955; Tile Hill (Maternity and Child Welfare/School Health) in 1956; Stoke Aldermoor (Maternity and Child Welfare) in 1959; Coundon (Maternity and Child Welfare) in 1960; Bell Green (Maternity and Child Welfare) in 1961 and at Jubilee Crescent (Child Health) in 1967.

At some of the above locations, i.e. Broad Street, Tile Hill and Bell Green, additional sites within the immediate curtilage were originally earmarked by the local health authority for development of general practitioner surgery facilities should there be future requirement of this nature by the Coventry Executive Council: such a single development did take place at Jardine Crescent in 1958.

Other clinic buildings were envisaged to follow but then on 21st March, 1967, Ministry of Health Circular 7/67 drew attention to the unlikelihood, except in exceptional circumstances, of permission being forthcoming for local health authorities to build separate clinic premises and that they should consider . . . "whether the provision which they had in mind could not in many areas more suitably form part of a Health Centre" (i.e. a renewal of the original "Health Centre" concept).

Such a position now pertains for the Cheylesmore area and a Health Centre building has been agreed by the Central Department and is included within the City Council's Capital Programme to commence building, it is hoped, in 1972/73. A preceding Health Centre for the Hillfields area is also within the Council's Capital Programme and, it is envisaged, may commence to be built in 1972/73.

The above background precis will no doubt provide a better understanding of local circumstances and should be considered in context with the current developing "attachments" situation. Had there been early accord towards achieving for Coventry a series of peripheral Health Centres, somewhat along the lines originally envisaged, then the intensive teamwork patterns ("attachments") which are nowadays so much a vogue of thought, and which were given added impetus with the advent of the "General Practitioners Charter", would have been an accomplished fact to considerable extent.

For many years concentrated teamwork attitudes have operated here in Coventry within the School Health (Special Schools) Service – greatly to the advantage of the schoolchildren concerned.

Moreover, it was assessed that concentrations of community nurses (health visitors, district nurses and midwives) localised and dispersed from such peripheral centres would have been the means of circumventing many of the attendant difficulties: these latter triggered by the quite high geographical patient-dispersal-pattern so widely a characteristic of individual and partnership practices in the Coventry area. The continuing shortage of more highly qualified nursing personnel and, inevitably, the limitation of adequate financial resources to recruit or train them into the Service would also have been less of a problem – since best use could thereby have been made of those nurses already in post.

N.B. Logically, in any consideration of benefits to be derived from a process of "Nurse Attachments", parallel regard should be given, desirably, towards achieving limited circumscribed geographical locations for general practices also. A small proportion of general practitioners have taken due account of this – to the mutual advantage of nurses, patients and themselves alike. This is surely an outlook much to be encouraged.

Currently, for the Tile Hill Health Centre, intensive re-orientation of thought and planning has so progressed as, shortly, to permit of general practitioners and assigned community nurses – together with other appropriate staffs – becoming more intensively involved in total family health. e.g. A Health Department Psychiatric Social Worker has been "attached" for one session per week to a group practice at the Tile Hill Health Centre since 1959.

Loan Sanction is to be sought by the City Council for major structural alterations at the Tile Hill Centre during the current financial year and the two existing contiguous buildings will then be brought together under one roof; something for which the Local Health Authority had originally planned. This will ensure that all those working there will

share common facilities and optimum liaison and teamwork will, it is hoped, eventuate whether within the building or continuing out into the fieldwork situation. At Tile Hill Centre the following general practitioner/nursing team will be constituted:

Medical: Group Practice I – 3 general practitioners
Practice II – 1 general practitioner
Practice III – 1 general practitioner

Nursing: A Centre Supervisor (Health Visitor)
5 Health Visitors
2 District Nurses
1 Clinic Nurse
3 Practice Nurses (part-time)
1 Midwife (sessional)

At Cheylesmore the full-time attachment of a Health Visitor and a Home Nurse has operated during the short period since May 1st, 1970. This constitutes a present further experiment and, to date, there is positive evidence to supplement that already locally available (q.v.) that such an arrangement is mutually advantageous.

The Cheylesmore experience would appear to be quite in line with the findings resulting from the pilot experimental full-time attachment of a Home Nurse to a group practice at Bell Green, Coventry, during the approximate three months period ended 30th April, 1966.

Bell Green Experimental Attachment

A fully trained (Queen's) Nurse was attached to a group practice (Area "A") of three general practitioners for approximately three months ended 30th April, 1966. At the end of that period a comparison was made with the work of another such nurse covering a typical car district (Area "B") and within which care was given to *all* patients referred by *all* general practitioners practising in the greater Foleshill area.

The statistics and other evidence demonstrated that in the former case (Group "A"), the coverage was for a much wider geographical area – this was apparent by the average miles per visit covered. Moreover, the results showed a number of visits made *within the same streets* by the two respective nurses mentioned above (i.e. for Areas "A" and "B" respectively).

Out of the Bell Green experience and with the possibility of more permanent future attachments under consideration, the Superintendent of Home Nurses reported upon the likely advantages or disadvantages as follows:

To the Community

"The patient would be generally assured of nursing care from the same Queen's Nurse and a more secure patient/nurse relationship could be readily established."

To the Local Health Authority

"The existing service provided is considered to be adequate in that requests from general practitioners for domiciliary nursing care of their patients are promptly met by the allocation of a Queen's Nurse although not for the specific and personal use of a practice."

No patient is known to have suffered by the present system of allocation, which has the considerable merit of economy so far as the number of Queen's Nurses which it is necessary to employ is concerned.

Quite clearly, the permanent allocation of a Queen's Nurse on the basis discussed would have financial ramifications on the Local Authority far in excess of those prevailing at the moment.

It must be said, however, that the individual Queen's Nurse would find the system proposed by the doctors more satisfying to her in that she would work exclusively with one practice, she would see the same patients regularly, and would have contact with the surgery.

At the end of the trial period the "attachment" was discussed as between the principal of the group practice and the Superintendent of Home Nursing and the following advantages were accepted as resulting from the trial.

To the General Medical Practitioners

- (i) The day to day contact with the Queen's Nurse.
- (ii) The greater continuity of care for his patients.
- (iii) The opportunity to discuss the social problems with the nurse in attendance.
- (iv) Up to date reports of patients' progress.

To the Nurse

A more satisfying system in that she worked exclusively with one practice and thereby saw the same patients regularly and had opportunity for daily exchange of information and viewpoints with the general practitioners at their surgery.

The Superintendent of Home Nursing Service commented, however, as follows:

"The present system of allocation, i.e. one nurse to one area, has proved satisfactory over the years, it has considerable merit of economy so far as the number of Queen's Nurses which it is necessary to employ is concerned. The introduction of the attachment scheme for all practices would mean an increase on the existing establishment of 50% (This percentage at June, 1970, considered to be an over-estimate)."

In July, 1966, an enquiry from the M.O.H. was circulated to all Coventry general practitioners seeking their co-operation (without detriment) towards a more specific assessment of the needs and problems relative to a possible attachment of home nurses. They were also invited to state if they would welcome more regular working and/or discussion liaisons with home nurses at pre-arranged times.

Of 45 replies received by the M.O.H., 37 were from practices where more frequent contacts would be welcome; 4 practices were not in favour since they already had "excellent liaisons and co-operation" and/or "that the current arrangement could not be bettered". Three practices did not reply and one other was undecided.

At the time of the enquiry available statistics relating to the work of the Home Nursing Service were as follows (i.e. 1965):

Number of patients on books, 1st January, 1965	..	..	1,188
Number of patients on books, 31st December, 1965	..	..	1,355
Number of new patients	..	..	5,815
Number of patients nursed during 1965	..	..	6,933
New patients referred by:			
General Practitioners	..	..	4,175
Hospitals	..	..	1,328
Health Department	..	..	312
Total number of day visits	..	..	238,576
Total number of night visits	..	..	4,366
Total number of supervisory visits	..	..	627

Based on the estimated mid-1965 population, there was one Home Nurse for the needs of every 7,788 residents in the City. The then recommendation of the Ministry of Health was, nationally, one such nurse per 4-5,000 residents. The average number of visits per district nurse at that time in Coventry was 5,784 per annum (i.e. about 110 per week) - quite a remarkable achievement.

The 1969 M.O.H. Annual Report provides the following comparative statistics:

Number of patients on books, 1st January, 1969	..	..	1,393
Number of patients on books, 31st December, 1969	..	..	1,486
Number of new patients during the year	..	..	6,306
Number of patients nursed during year	..	..	7,699
Total number of day visits during year	..	..	237,140
Total number of night visits during year	..	..	5,845
Total number of supervisory visits during year	..	..	1,513
New cases referred by:			
General Practitioners	..	..	3,393
Hospitals	..	..	2,337
Health Department	..	..	576

Based therefore on the mid-1969 Coventry population of 335,650, we find that the equivalent full-time number of nurses available for duty (having deducted holiday entitlements, sick leave and other reasons for absenteeism) was 48 – thereby providing one Home Nurse for the needs of each 6,993 residents in the City. The average number of visits per district nurse for 1969 was, therefore, 5,062, i.e. about 100 per week.

Study No. 1 "Nursing Attachments to General Practice" (1969) – Department of Health and Social Security Social Science Research Unit.

This study provided a wealth of factual comparative information which is of great importance and assistance to Local Health Authorities in the light of the intensive thought which continues to be so widely given to the subject.

The very first introductory paragraph of the document states as follows:

"Schemes for attachment of health visitors and home nurses to general practice *or for liaison* are being developed increasingly by local health authorities (L.H.A.'s). Comparatively little is known in detail, however, about the views and experience of L.H.A.'s as employers of the implications of such arrangements for the deployment of their staffs, the economic effects or the repercussions which the introduction of schemes has had on staff and their work."

and again (paragraph 3):

"... it does not appear that any previous enquiries have concentrated on attachment schemes when viewed specifically from the L.H.A. angle. ... "the present small study, by the Social Science Research Unit" was commissioned by the Minister of Health ... with special reference to the degree of involvement of health visitors and home nurses, the effects of the introduction of such schemes on the staff themselves and the economic and organisational implications of the L.H.A.'s."

and again (paragraph 4):

"The terms of the study were specifically limited to the effects of attachment on L.H.A.'s and their staff and the implications of L.H.A.'s of relationships with others involved in attachment schemes. The field of enquiry was restricted to L.H.A. officers and staff. Thus, general practitioners, their representatives, Executive Councils, hospital staffs and patients *were excluded as sources of data.*"

Paragraph 6 quotes the Jameson Working Party's view of the role of the Health Visitor and it may be as well to reproduce this here, i.e.

"A common point of reference and source of standard information, a common adviser in health teaching – a "common factor" in family welfare. In the ordinary course of her work, and without exceeding her competence, she could be in a real sense a general purpose family visitor."

I have made these few specific quotations because, while to some extent they are out of context with the entire study, it is yet of much importance to appreciate the *unilateral* approach to the Survey.

The multiplicity of L.H.A.'s throughout the country are each beset by a greatly varying mixture of differing problems. Whether these are resolved by immediate schemes of outright "attachments" or by the more modest approach of effective liaisons intensifying to ultimate attachments is largely dependent upon respective local circumstances, viewpoints and attitudes. These are matters which, in the final analyses, can only be resolved by a multi-lateral approach. This latter is what we are trying to achieve in Coventry and a number of factual reasons have been advanced why this has been the gradual pattern of progress towards the target in mind.

Generally speaking and particularly during the last decade in this City, there has been an intensification of general practitioner/municipal nurse liaison which is clearly accentuating towards a situation where more numerous "attachments" will become possible. The extent to which they progress and the speed with which they come about is clearly dependent upon a number of local factors – all of which are not (as the writer sees it) entirely within the hands of or entirely dependent upon the Local Health Authority or its Health Department.

Moreover, it should not quickly be forgotten that the population explosion in Coventry from the Registrar General's mid-1943 figure of 214,870 to the mid-1969 figure of 335,650 (increase of 120,580) represents something remarkable in this country. There is probably also uniqueness in content and extent of township reorientation. The geographical implications for general practitioners in respect of citizen re-location together with the impact of sizeable new population should not be lost sight of in the "attachment" situation.

Domiciliary Midwives

Until this moment herein, the question of "attachment" of domiciliary midwives has not been brought into consideration. This is because the service presents a different and rapidly changing set of circumstances. It can be recalled that about a decade ago and because of the limitation in numbers of local hospital midwifery beds, the greater proportion of confinements performed in Coventry was within the home environment. The question of whether a mother should or should not be confined in hospital or at home under the N.H.S. Act provisions was,

to the greatest extent, dependent upon and governed by a consideration of "Medical" (hospital consultant and general practitioner responsibility) or "Social" (L.H.A. responsibility) factors.

With the advent of a steadily increasing quota of hospital beds culminating in the availability of the new Walsgrave Maternity Hospital, the preponderance of deliveries then shifted abruptly from the domiciliary to the hospital setting. At the present time, therefore, some 88% of confinements take place in Walsgrave Maternity Hospital. In 1968, with the anticipation of domiciliary midwives undertaking more and more deliveries in hospital, a scheme was introduced whereby, over a prolonged period, the greater proportion of our midwives, in turn, spent a three week refresher period at the hospital: this to help orientate them with the equipment and working patterns both on the wards and in the labour suites.

Our midwives work closely with general practitioners and for many years it has been customary for them to be "attached" upon a sessional basis to general practitioner ante-natal clinics, whether these be conducted in the doctor's own practice premises – something which is happening increasingly – or at booked general practitioner midwifery sessions on L.H.A. Clinic premises. The major direction of "Attachment" for domiciliary midwives is clearly in respect of ante-natal care and to lesser extent post-natal clinics. At present 21 midwives are sessionally attached to general practitioners for ante-and post-natal requirements (two of these sessions on L.A. premises). Several other G.P. groups are interested and would like midwife attachments when the doctors concerned reorganise their own ante-natal measures.

Conclusion

The subject of "Attachment" is one of increasing topical moment and could be described as "progressive" or "retrogressive"; "stimulating" or "vexatious" according to individual tastes, attitudes, specific district locations and availability or non-availability of appropriately trained staff.

Generally speaking, assessment of the Coventry situation points towards an increasing desire for and trend towards the achievement of "Attachments" whether from the medical or nursing points of view. The speed with which this is brought about to optimum extent and advantage is clearly dependent upon a variety of factors, many of which have been indicated in preceding paragraphs.

Medical Officer of Health,
Health Department,
New Council Offices,
Earl Street,
Coventry.
30th June, 1970

CITY OF COVENTRY

Work of the
Public Health Inspectorate
during
1969

PUBLIC PROTECTION COMMITTEE

as at May, 1969

Chairman Alderman L. Lamb

Vice-Chairman Councillor H. L. Williams

Alderman R. W. Brain

Alderman W. Parfitt

Alderman E. M. Rogers

Alderman G. W. Sheridan

Alderman H. Weston

Councillor K. H. Bassett

Councillor M. A. Goodwin

Councillor W. Spencer

Councillor J. P. Stoneman

Councillor A. W. Tandy

Councillor K. T. Wardle

PUBLIC HEALTH INSPECTOR'S DEPARTMENT STAFF

(31st December, 1969)

Chief Inspector	..	..	B. D. Allen, D.P.A., M.R.S.H., F.A.P.H.I.
Deputy Chief Inspector	..	..	D. H. Evans, M.A.P.H.I.
Divisional Inspectors			
District (North West)	..	..	W. D. H. Kear, D.M.A., M.A.P.H.I.
District (North East)	..	..	R. G. Goodhead, M.A.P.H.I.
District (South)	..	..	D. C. Norcliffe, F.A.P.H.I., M.R.S.H.
District (Central)	..	..	D. J. Wilson, M.A.P.H.I.
Housing	..	..	J. Lowe, M.A.P.H.I., M.R.S.H.
Food and Drugs	..	..	G. W. Lilley, M.A.P.H.I.
Meat Inspection	..	..	L. Himsworth, M.A.P.H.I.
District Inspectors	..	..	9
Housing Inspectors	..	..	3
Food and Drug Inspectors	..	..	3
Meat Inspectors	..	..	2
			} (Establishment 23)
Student Inspectors	..	..	8 (Establishment 10)
Technical Assistants	..	..	5 (Establishment 7)
Chief Public Health Inspector's			
Secretary	..	..	Mrs. S. E. Whitmore
Chief Clerk	..	..	Mrs. G. M. Day
Senior Clerk	..	..	Miss L. A. Wheatley
Clerks	..	..	6
Junior Clerk	..	..	1
Pest Control Officer	..	..	1
Pest Control Operatives	..	..	2

GENERAL STATISTICAL INFORMATION 1969

Area of City in acres	..	..	..	..	20,165
Population (mid-year estimate)	..	..	..		337,000
Density of population per acre	..	..	..	..	16·7
Number of inhabited dwellings	..	..	..		107,616
Average number of persons per dwelling	..	..	..	..	3·1
Number of Corporation dwellings	..	..	..	..	26,099
Rateable value of City	..	..	..	..	£14,312,862
Sum produced by 1d. rate	..	..	..	..	£57,808

Sunshine:

Number of days with sunshine	..	..	..	..	106
Number of days without sunshine	..	..	..	..	233
Number of days without record	..	..	..	..	26

Rainfall:

Average in inches over past 10 years	..	..	..	24·39"
Total rainfall 1969	..	..	..	26·902"
Average rainfall per day	..	..	..	0·074"
Wettest day	..	..	..	28th July – 1·610"
Driest Month	..	..	..	October – 0·184"
Wettest month	..	..	..	May – 4·317"
Number of days without rain	..	..	..	162
Number of days with rain	..	..	..	184
Number of days without record	..	..	..	19
Mean height of City above sea level in feet	..	..	..	301·75

NEW LEGISLATION

Enactments and Regulations which extended the functions of the Department and which were passed or came into operation during the year were:

1. Housing Act, 1969
2. Clean Air Act, 1968 (Commencement No. 1) Order, 1968
3. Clean Air (Height of Chimneys) (Exemption) Regulations, 1969
4. Clean Air (Height of Chimneys) (Prescribed Form) Regulations, 1969
5. Clean Air Act, 1968 (Commencement No. 2) Order, 1969
6. Clean Air (Emission of Dark Smoke) (Exemption) Regulations, 1969
7. Clean Air (Arrestment Plant) (Exemption) Regulations, 1969
8. Offices, Shops and Railway Premises Act, 1963 (Exemption No. 7) Order, 1968
9. Canned Meat Products (Amendment) Regulations, 1968
10. Sausage and Other Meat Product (Amendment) Regulations, 1968
11. Meat (Sterilization) Regulations, 1969
12. Public Health (Recurring Nuisances) Act, 1969
13. Public Health (Infectious Diseases) (Amendment) Regulations, 1969
14. Offices, Shops and Railway Premises (Hoists and Lifts) Regulations, 1969.

**REPORT OF THE CHIEF PUBLIC HEALTH INSPECTOR
B. D. ALLEN, D.P.A., M.R.S.H., M.A.P.H.I.**

HOUSING

The housing "event" of the year was the passing of the Housing Act, 1969, which received Royal Assent on 25th July, 1969. Briefly, the purpose of this Act is to give effect to the White Paper "Old Houses into New Homes" – to adjust the balance between building new houses, improving the not-so-new and demolishing the old. This second group of "not-so-new" now includes some "pretty old stuff", which is to be improved, and the third group has got to be "very poor" to warrant demolition.

Considerable emphasis is given in the Act to "age, character and locality" when the condition of a house is assessed. Outside the Comprehensive Development Areas of the City Centre most of the older houses are in areas which were once in a semi-rural environment. The decision to be taken on clearance or modernisation, therefore, often involves something of a compromise between city dwelling and country dwelling. People want to live in houses which have individuality, and they are prepared to suffer inconvenience, e.g. from bad internal arrangement, for the sake of this. Alternatively, they are prepared to spend considerable amounts of money to improve the amenities of houses whilst retaining the character.

Coventry has many areas in which there is a miscellany of house types of varying ages, and in an effort to anticipate and thus resolve some of the difficulties that may arise, the Department in 1969 carried out a house-to-house condition survey, on an economic repair and improvement basis, of one of the more mixed housing areas of the City. It was found that in a different environment the majority of the houses in the survey area would probably not warrant improvement, whereas in their present situation improvement would be a distinct possibility. It was felt that repairs and improvements for say 15–20 years, would be warrantable with few exceptions where the structure of the houses had deteriorated too badly. In view of the fact that some parts were judged to have a life of less than 30 years, expenditure on the improvement of the environment was considered to be not justifiable.

For the future, it is apparent that outside Comprehensive Development Areas the end of the Clearance Area Programme is in sight. However, Coventry particularly has a need to implement the repair and improvement provisions of the Housing Act, 1969 if we are to avoid in 10 years time being in the position of having to deal with thousands of unfit houses.

HOUSES IN MULTIPLE OCCUPATION

Regular visits were made during the year to houses known to be in multiple occupation.

As far as can be determined there has been no change in the pattern of letting except probably an increase in the accommodation being let to students.

The Housing Act, 1969 produced a new definition of a house in multiple occupation namely "a house which is occupied by persons who do not form a single household". It may well be found now that large immigrant households of separate families and student households alike can no longer be controlled by the Act of 1961, under which proper standards of management in houses in multiple occupation have been maintained. Such households will have to be controlled in the future by either the giving of directions under the Act of 1961, specifying the number of individuals who may occupy the house having regard to the adequacy of the amenities, or by use of the overcrowding space standard laid down for individual dwellings in the Housing Act of 1957, regrettably a low standard.

During the year 200 statutory notices were served to achieve a reasonable standard of accommodation with regard to the provision of amenities, including means of escape from fire, and the control of overcrowding. It was necessary to issue 17 summonses of which two were subsequently withdrawn on payment of the local authority's costs, and two set down for hearing in 1970. Fines totalling £148 and six Nuisance Orders were imposed and one Absolute Discharge given. Costs of £50 9s. 0d. were awarded to the Corporation. One appeal against conviction was upheld in Quarter Sessions on a technical ground involving the manner of service of a statutory notice. Repairs were carried out in default of owners in eighteen instances.

HOUSING WORK 1969

Houses Repaired				
By owners following informal action by L.A.	..	..	..	206
By owners following formal action by L.A.	..	..	..	274
By L.A. in default of owners	..	..	..	83
				563

Action taken in respect of individual houses which were unfit for human habitation and incapable of being rendered so fit at reasonable expense, is set out in the table below.

Number of undertakings accepted	Number of Closing Orders Made (38 of which were in confirmed C.P.O.s)	Number of Closing Orders made on parts of houses	Number of Closing Orders determined	Number of Closing Orders revoked and Demolition Orders substituted	Number of Demolition Orders made	Number of houses demolished following Demolition Orders	Number of unfit houses demolished voluntarily
Section 16	Section 17	Section 18	Section 27	Section 28	Section 17	Section 23	
4	56	Nil	Nil	3	48	52	58

Groups of unfit houses which were dealt with under the provisions of the Housing Act, 1957 relating to clearance areas were as follows.

Number of areas	Number of houses unfit for habitation therein	Number of Public Inquiries held
14	199	5

The number of unfit houses demolished during the year was as follows.

By owners	By Local Authority in default
337	24

IMPROVEMENT OF HOUSES

Standard Grants

Number of Applications					
Received		Approved		Refused	
Owner Occupied	Tenanted	Owner Occupied	Tenanted	Owner Occupied	Tenanted
542	155	493	181	Nil	Nil

Number of Dwellings Improved		Amount paid in grants	Average grant per house
Owner Occupied	Tenanted		
472	190	£57,368 8s. 11d.	£86 0s. 0d.

Amenities provided with the aid of standard grants.

Fixed Bath	Shower	Wash Hand Basin	Hot Water Supply	W.C. within dwelling	W.C. accessible from dwelling	Food Store
245	Nil	403	561	428	Nil	152

Discretionary Grants

Applications Received		Applications Approved		Applications Refused	
Owner Occupied	Tenanted	Owner Occupied	Tenanted	Owner Occupied	Tenanted
28	7	43	14	Nil	Nil

Number of Dwellings Improved		Amount paid in grants	Average grant per house
Owner Occupied	Tenanted		
54	17	£15,883 0s. 0d.	£223 0s. 0d.

COMMON LODGING HOUSES

The Salvation Army Hostel is the only registered common lodging house in the City. It provides accommodation for 153 men and can offer full board facilities if required. The Keeper and Deputy Keeper are registered with the Local Authority and the Deputy Keeper is permanently resident on the premises.

Work on a new hostel for the Salvation Army is expected to start within the next year but in the meantime, the condition and state of decay of the present building, due to its age, continues to give rise to concern. Any effective repairs would prove extremely costly.

During the year, one general inspection was carried out and eight other visits were made. These showed that the hostel is maintained in a clean condition and is well run. Despite its present structural condition, it does fulfil a major social need within the City.



Coventry Old



Coventry New

CARAVANS

This City has ten residential sites which are carefully controlled and give a satisfactory environment to the caravanners.

During 1969 difficulties arose from the unauthorised siting of caravans by itinerants, travellers and tinkers in several parts of the City. Altogether some 29 incidents of illegal siting of caravans on unlicensed sites occurred, involving eighty caravans. Sites were without water, sanitation or proper refuse disposal; and the risk to health of the inhabitants of the neighbourhoods was considerable. Action had to be taken to prevent these risks and to remedy any nuisances, and the Public Health Inspector's Department was involved in a great deal of enforcement action to clear the sites. Work of this nature uses up time which can ill be spared from other important environmental health matters.

The 1968 Caravan Act guides Local Authorities into considering the provision of a site for these itinerants, and from 1st April, 1970 Local Authorities (unless granted exemption) will have to provide sites for these travellers.

MEAT INSPECTION SERVICE

Public Abattoir

Although the number of pigs slaughtered increased from 45,590 to 47,429, there was a marked drop in the number of sheep slaughtered from 53,333 to 36,583. As this reduction was reflected nationally it is no doubt due to a large number of farmers going out of sheep production. In addition, heavy losses due to Fascioliasis (liver fluke) may also have influenced the figures.

Meat Inspection

One hundred per cent inspection was carried out by full time public health inspectors, and the introduction of a line system with one slaughtering company simplified this inspection by concentrating the work into three gangs. Hopes of a later start and a smaller number of men working in two gangs were unfortunately not realised so that simultaneous inspection in three halls has still to be provided for. The hoped for rationalisation of the meat inspection system was, therefore, not achieved.

Co-operation with the slaughtermen and employees of the by-products firms continued throughout the year.

Inspections of tinned meats, imported meats and poultry were carried out as necessary in addition to check inspections of meat killed elsewhere but received into the wholesale market.

Containerised meat was received regularly by certain wholesalers and as required under The Imported Meat Regulations, 1968 inspections were carried out but under some difficulties due to the indeterminate times of arrival and off loading and due to the fact that there is no authority to detain such containers for inspection. It must be stated that at all times the meat has been found to be of excellent quality and in good condition.

Classified Summary

Ante and post mortem inspections of animals slaughtered ..	99,756
Post mortem inspections of animals dead on arrival or in lairs ..	31
Re-inspections of home-killed meat	18
Detailed inspections of imported meat	53
Detailed inspections of meat from outside sources	13
Inspection of canned meats	7
Inspections of other meats	8
Inspections of premises under the Public Health Acts	72

Unsound Food

The total weight of meat and offals found to be unfit and surrendered by the owners was:

	Tons	Cwts	lbs.
Abattoir	96	13	54
Wholesale Markets and Depots	1	4	95

Animal Health

The following five tables indicate the incidence of disease and other abnormal conditions found in organs, part carcasses and whole carcasses and these present a similar pattern to previous years with the exception of Fascioliasis, Echinococcus Granulosa and emaciation in sheep.

Fascioliasis (liver fluke) in sheep continues to rise and there is every indication from livers inspected in late autumn that the rise will continue next year.

	1967	1968	1969
Number of sheep livers rejected due to liver fluke	1,384	2,678	3,758

Late in the year a substantial number of ewes were slaughtered and the incidence of E. Granulosa (hydatid cysts) was very high; 1,800 cases were found. The adult tapeworm is found in the dog and the eggs are readily passed on to grazing sheep. As this parasite could affect humans through the agency of dogs it would seem commonsense for all sheep farm dogs to be regularly treated for this tapeworm.

This increase in the number of ewes slaughtered also resulted in a sharp rise in the number of whole carcasses condemned, the main cause being emaciation.

Table I

	No. of Animals Killed	No. of Whole Carcasses Condemned
Cattle (excluding cows) ..	12,701	7
Cows	2,489	13
Calves	554	15
Sheep and Lambs	36,583	84
Pigs	47,429	71

Details of disease affecting whole carcasses:

Table II

	Cattle excluding Cows	Cows	Calves	Sheep	Pigs
Anaemia	—	—	—	2	—
Emaciation	—	8	—	51	3
Extensive injuries ..	1	—	1	—	4
Fever	—	—	—	3	6
Immaturity	—	—	4	—	—
Jaundice	—	—	—	—	3
Joint ill	—	—	1	—	—
Leukaemia	—	1	—	—	1
Moribund	—	—	2	1	1
Oedema	—	2	—	11	—
Pyæmia	2	—	—	—	9
Osteomyelitis	—	—	—	—	2
Septicaemia	1	—	—	—	2
Septic Arthritis ..	—	—	—	3	10
Enteritis	—	—	3	—	2
Metritis	—	—	—	2	—
Mastitis	—	1	—	4	—
Pericarditis ..	—	—	—	—	1
Peritonitis ..	—	—	—	—	4
Pleurisy	—	—	—	—	3
Pneumonia ..	2	1	4	3	13
Swine Erysipelas ..	—	—	—	—	5
Toxaemia	—	—	—	1	—
Tuberculosis	—	—	—	—	1
Tumours	—	—	—	2	—
Uraemia	—	—	—	1	—
Septic Endocarditis ..	—	—	1	—	—
Generalised Sarcocysts	1	—	—	—	—
Contamination	—	—	—	—	1

Diseases and conditions (other than Tuberculosis) affecting parts or organs of animals slaughtered.

Table III

	Cattle excluding Cows	Cows	Calves	Sheep	Pigs	Total
Abcess	789	129	3	55	332	1,308
Actinobacillosis ..	137	23	1	—	—	161
Arthritis	—	—	—	10	237	247
Blood aspiration ..	21	6	—	—	—	27
Cysticercus Bovis ..	17	2	—	—	—	19
Cirrhosis	—	—	—	—	4,098	4,098
Congestion	24	8	—	8	245	285
Echinococcus	259	162	2	1,800	30	2,253
Emphysema	18	46	—	—	—	64
Enteritis	25	10	—	6	30	71
Fascioliasis	2,236	479	—	3,760	6	6,481
Fatty Infiltration ..	2	4	4	8	37	55
Fat Necrosis	—	—	—	1	—	1
Fibrosis	5	2	—	—	1	8
Food Aspiration ..	157	30	—	—	—	187
Haemorrhage	5	1	—	—	—	6
Injuries	29	8	2	8	142	189
Mastitis	—	104	—	—	—	104
Neoplasms	1	2	—	1	—	4
Nephritis	7	13	—	—	—	20
Parasites unclassified	140	30	—	2,065	—	2,235
Pericarditis	69	9	2	34	1,280	1,394
Peritonitis	261	97	2	37	542	939
Pigmentation	—	10	—	8	—	18
Pleurisy	568	82	2	168	1,461	2,281
Pneumonia	128	26	4	545	7,578	8,281
Presternal calcification	3	—	—	—	—	3
Rash	—	—	—	—	122	122
Telangiectasis	41	232	—	—	—	273

Percentage of animals found with some abnormal or diseased condition other than tuberculosis and Cysticercus Bovis.

Table IV

	No.	Percentage
Cattle (excluding cows)	4,164	32.8%
Cows	1,236	49.6%
Calves	16	2.9%
Sheep and Lambs	7,882	21.5%
Pigs	13,910	29.3%

Percentage of animals found to be affected with localised tuberculosis.

Table V

							No.	Percentage
Cattle (excluding cows)	..	..	..	..	..	..	7	0.055%
Cows	..	..	..	..	..	..	Nil	
Calves	..	..	..	..	..	..	Nil	
Sheep and Lambs	..	..	..	..	..	..	Nil	
Pigs	..	..	..	..	..	..	571	1.20%

Cysticercus Bovis

A total of 19 cases of localised Cysticercus Bovis was found during the year and the carcasses were placed within cold storage to kill the cysts as required by regulation.

Hygiene

The installation of a line system with one slaughtering contractor, as expected, made possible a considerable improvement in hygiene.

The system involves the use of dressing trolleys on the line, and whilst this is not as flexible or as efficient as complete line dressing, nevertheless it is a big improvement. Apart from structural limitations two main considerations were taken into account, first the capital costs of the alterations and second, the present and expected throughput.

Although spraying of carcasses was carried out throughout the year doubts of the trade were constantly voiced, yet no meat was returned due to the alleged deleterious effects of spraying. Still the clean dressing of sheep posed problems at various times. It may be that the relevant regulation was negatively phrased just to prohibit the use of wiping cloths so that other methods may be adopted, but apart from spraying there appears to be little advantage in some of the methods advocated.

Obviously no spray will remove heavy contamination from carcasses so that the skill of the slaughterman in clean dressing is the most important part of the operation. The problem of clean dressing of sheep is affected by economic necessity (unlimited time cannot be spent on each carcase). Further the condition of sheep on arrival, if wet dirty and unclipped, aggravates the problem especially when dressed immediately on arrival. Furthermore sheep can become wet, dirty and soiled overnight unless attention is paid to the lairs in providing suitable and sufficient bedding and avoiding overcrowding.

There appears to be little research work on methods of spraying, type of spray, temperature and pressure of water, or even the time within which carcasses should be sprayed. Each abattoir has its own procedure with no doubt different results. Finally, the meat inspector has to spend more time on inspecting sheep for contamination than for disease, and in the last resort has to trim the soiled carcasses much to the annoyance of the trade.

The Meat (Sterilisation) Regulations, 1969

These regulations came into effect on 1st November, 1969 and strengthen the law regarding the disposal of unfit meat and offals. Only two firms are recognised as authorised collectors from the abattoir and their vehicles comply with these regulations.

General

Regular visits were made by school parties to the abattoir and talks were given on the various aspects of the meat trade and operations generally.

Biological specimens were provided throughout the year to various schools and the Training College and regular quantities of blood supplied to the Public Health Laboratory and City Analyst.

The following products were collected under supervision for pharmaceutical purposes.

Table VI

					Liver lbs.	Pancreas lbs.	Suprarenals lbs.
Cattle	..	..	..	..	67,658	7,312	582
Calves	..	..	..	..		26	
Pigs ..	..	..	..	..		3,600	

FOOD AND DRUG SAMPLES STATISTICS

		1968	1969
Total Number of Samples	.. ..	1,572	1,214
Number of samples unsatisfactory	.. ..	148	152
Percentage found to be unsatisfactory	.. ..	9.42%	12.52%
Milk Samples	.. ..	726	379
Number of samples unsatisfactory	.. ..	63	70
Percentage found to be adulterated	.. ..	1.10%	0.53%
Percentage found to be deficient of milk fat or milk solids other than milk fat	.. ..	5.65%	15.04%
Percentage found to contain antibiotics	.. ..	1.93%	2.90%
Samples of Food Excluding Milk	.. ..	724	746
Number of samples unsatisfactory	.. ..	70	75
Percentage found to have unsatisfactory labels	.. ..	4.14%	2.41%
Percentage found to be adulterated	.. ..	5.53%	7.38%
Samples of Drugs	.. ..	122	89
Number of samples unsatisfactory	.. ..	15	7
Percentage found to have unsatisfactory labels	.. ..	3.28%	1.12%
Percentage found to be adulterated	.. ..	9.02%	6.74%

FOOD SAMPLES

Total number of food samples	.. ..	746
Number of samples unsatisfactory	.. ..	73
Number having unsatisfactory labels	.. ..	18
Number found to be adulterated	.. ..	55

The routine sampling of certain Indian foods revealed metallic contamination. Excessive amounts of lead and tin have been found in Mango Pickle, Karela, Tinda, Mango Chutney and Bitter Gourd in Brine. In one instance, the lead content was 10 parts per million, whilst the legal standard is not more than 2 parts per million. One sample of Karela contained 415 parts per million of tin. There is no legal standard controlling the tin content but a recommended standard of not more than 250 parts per million has been made. A sample of Mango Chutney was the most dramatic, however, for in this the tin had rusted and chemical action occurred producing ink-like fluid. Unsatisfactory stocks were surrendered, but the problem lies at the source. Stricter import control is required and further consideration should be given to the formation of regulations governing tin content. The unsatisfactory samples were from consignments ordered through travelling salesmen operating in this country on behalf of the canners and not purchased through a reputable importer. Delivery is made direct from the manufacturer in India to the retailer in Coventry.

Two formal samples, crabmeat and beefburgers, were taken following complaints made by members of the public concerning quality. In each case the complaint was found to be fully justified. In one case the crabmeat was crab paste and in the other the amount of meat present was well below the standard set by the Sausage and Other Meat Product Regulations, 1967. Successful prosecutions were taken in each case.

During the year sampling of imported tinned grapefruit revealed the presence of excess sulphide. This imparted to the fruit a strong odour, discoloured the fruit and blackened the can. Investigation revealed that a large proportion of the batch, of which the sample formed part, was similarly affected and the whole batch was ultimately withdrawn from sale.

Samples were taken during the year to check for the presence of pesticidal residues. The results obtained were all satisfactory with one exception. The exception was a tin of Baltic Sprats imported from Poland. The fish contained 1·2 parts per million of D.D.T. and 0·02 parts per million of gamma B.H.C.

Routine sampling of Christmas fare revealed samples of Apricots and Figs which were heavily infested with live mites of the species *Carpoglyphus Lactis*. The results of these samples prompted a detailed search for more infested packs of dried fruit. Quite large quantities were finally taken off sale – all during the Christmas buying period. Sampling and further examinations of these foods are being undertaken.

A number of samples of soft drinks were obtained for analysis with particular reference to the use of cyclamates. In each case where cyclamates were found, the amount present was within the prescribed limits. New legislation which comes into operation on 1st January, 1970, prohibits the use of cyclamates in soft drinks and food.

MILK SAMPLES

Total number of milk samples	379
Number unsatisfactory	70
Number found to be adulterated	2
Number found to be deficient of milk fat or solids not fat	57
Number found to contain antibiotics	11

The quality of raw milk coming into the processing dairies in the City decreased during 1969 as compared with 1968. Approximately 15% of the samples were found to be deficient in milk fat or milk solids not fat. After the improvement reported last year, the deterioration in quality is particularly disappointing. The cause of the decline is poor

animal husbandry, but the cause of the poor husbandry is perhaps more complex. None of the results obtained indicate deliberate adulteration, but to maintain satisfactory fat and solids not fat content it is necessary to have careful regard to diet throughout the whole year. This in turn means the feeding of proper foods and not relying completely on the nourishment provided by pastures.

Of the raw milk samples 3% were found to contain antibiotics. One prosecution was taken under Section 2 of the Food and Drugs Act, 1955, when a fine of £15 was imposed by the Court. Two more prosecutions are to be heard in the early part of January. The use of antibiotics in animal husbandry received national publicity during the latter part of the year, and it is obviously a problem which must receive much more consideration in the future. Insofar as the presence of antibiotics in milk is concerned, some farmers are obviously using such preparations without regard to the manufacturers' instructions. However, no matter how clearly and conspicuously the preparations are labelled, the fact remains that there are "none so blind as those who do not want to see". The solution surely is the incorporation of a suitable dye in the antibiotic preparation which would show clearly to anyone concerned that antibiotic residues were present.

DRUG SAMPLES

Total number of samples	..	..	..	..	..	89
Number unsatisfactory	..	..	..	..	..	7
Number unsatisfactory due to labelling			..	..	..	1
Number adulterated	..	..	..	..	..	6

The samples of drugs included both general sale drugs and also those preparations available only on prescriptions. Most were of a high standard.

Samples of an inhalant were found to be more than 80% deficient of the declared menthol content. As a result of a formal sample successful legal proceedings were taken against the manufacturer. An informal sample of Bronchial Balsam was deficient in chloroform but no further supplies were available. The matter was taken up with the manufacturer who agreed to withdraw supplies given to other shops.

A sample of cough syrup on general sale to the public was found to have a vague dosage instruction which would mean little to the general public. The medicine was to be taken "t.d.s." or "q.d.s." The matter was taken up with the manufacturer who stated that the product was not intended for general sale – however he agreed to suitably amend the label.

The advent of the Medicines Act, 1968 was reported in the last Annual Report, but so far no further guidance has been given as to the proposed application of responsibilities, if any, to Food and Drugs Authorities. The hope is again expressed that such authorities will be allowed to continue with this work.

FOOD CONTROL

Foreign Matter in Food

During 1969, 160 complaints were received concerning the presence of extraneous matter in food.

The most frequent items found were insects (adult and larval stages) and these were found in 23 different items of food. The insects ranged from flies, moths, saw tooth grain beetle and the drug store beetle. On one occasion, investigation revealed that the food concerned had been imported and the infestation had spread from the food to create a substantial infestation of the shop premises from which the food was sold. The question of infested foods is one which is worthy of further consideration and increased liaison between local authorities and the Ministry of Agriculture, Fisheries and Food who are responsible for the improvement of the relevant sections of the Prevention of Damage by Pests Act, 1949.

Twenty-two complaints of extraneous matter involved bread and included complaints about the presence of insects, metal, plastic, wood, paint, fibres and old dough stained with lubricant.

One complaint concerning the presence of a pin in a Christmas cake exposed a weakness in the Food and Drugs Act, 1955. The cake was made in Edinburgh, assembled into a Christmas hamper in Newcastle and supplied by a mail order firm in Wigan through an agent in Coventry to a resident in the City. The pin was embedded deep in the substance of the cake and had obviously been baked in the cake. Legal action was considered, but the "offender" was obviously the manufacturer and Section 114 of the Act precludes legal proceedings being taken against firms in Scotland.

A surprise awaited the purchaser of a tin of sliced green beans which was purchased in the City during April. When the can was opened it was found to contain another can. The second can was marked raspberries. This was not a variation of the free gift gimmick, however, for the second can was empty and obviously unused. Investigations failed to reveal how the incident occurred—it could have been a practical joke or worse, deliberate sabotage. How such a light weight pack could leave the factory and pass through a series of hands right to the shop shelf without detection is beyond comprehension.

The presence of extraneous matter in food continues to give serious cause for concern as there seems to be no improvement taking place. The mass production of pre-packed foods offers opportunities for the use of sophisticated detection devices, but these are not infallible. The main method of prevention is still the care and pride of food handlers engaged in this type of work. Unfortunately modern business is geared to productivity and this makes time precious, which unfortunately brings about the exercise of less care.

Unfit Food

Food Inspection				Unsound Food Surrendered or Condemned				
				Tons	Cwts.	Qrs.	Lbs.	Ozs.
Meat and Meat Products	..	..		6	0	2	22	4
Canned Meats	..	..		1	17	3	0	4
Fish	..	..		2	15	1	0	4
Fruit and Vegetables	..	..		19	6	3	12	15
Other Foods	..	..		4	0	2	7	14
TOTAL				34	1	0	15	9

A total of 140 complaints has been received concerning the fitness for consumption of 53 varieties of food products. In 83 cases, the food was affected with mould and with decomposition in 49 instances. Thirty-nine of the complaints were in regard to meat products and 38 involved bread and confectionery.

One complaint concerned the sale of a mouldy pie which it was alleged had made the consumers ill. Further investigation and bacteriological examination revealed that in addition to the mould growth, the pie was contaminated with *Clostridium Welchii* and it was this organism that had caused the illness.

Routine inspection of a warehouse in the City revealed the presence of a large quantity of unfit food and this was siezed and a subsequent prosecution taken. Food was also siezed from a number of shops in the City and brought before a Magistrate for condemnation.

Again the number of complaints (55% above the figure for 1968) indicates the appalling lack of care exercised by some food traders. A failure to rotate stock properly and the selfish desire of a few to make

the last pennyworth of profit regardless of the risk involved, and just plain ignorance are the root factors causing the sale of unfit food. In connection with the bread and confectionary trades the trading on a "sale and return" basis, unofficially or otherwise, gives rise to some of the complaints relating to mould.

Prosecutions							
Section 2, Food and Drugs Act, 1955	..	..	..	..	..	10	
Section 8, Food and Drugs Act, 1955	..	..	..	..	..	17	
Total Convictions	..	..	..	..	..	26	
Total Fines and Costs	..	..	..	..	..	£547	12s. 0d.

BACTERIOLOGICAL EXAMINATION OF FOOD

A total of thirty-five samples of food were submitted to the Public Health Laboratory for detailed bacteriological examination.

A number of samples were taken in connection with a suspected outbreak of food poisoning but the samples were found on examination to be satisfactory. A sample of steak and kidney pie, however, was found to contain *Clostridium Welchii* and the same strain of the organism was isolated from faecal samples from two persons who had consumed the pie.

Routine samples of mussels were examined for the presence of the bacterial organisms *E. Coli*. All the mussels were found to be infected with the organism and the matter was referred to the local authority in whose area the layings are situated.

A number of samples of dried fruit were submitted for examination because of the amount of insect and dirt contamination associated with this type of food. The Bacteriologist subsequently repeated that no salmonellae were isolated from them.

MILK

It is estimated that the quantity of milk processed daily in the City is 32,500 gallons and in addition 7,700 gallons are processed in other areas and distributed in the City. Of this total 6,100 gallons of milk are sent to Rugby, Leamington Spa, Kenilworth, Bedworth and other areas each day.

The 40,200 gallons of milk are made up as follows:

Pasteurised Milk	..	..	..	..	..	..	..	35,300
Channel Island Pasteurised Milk	..	..	..	..	..	..	..	1,900
Sterilised Milk	..	..	..	..	..	..	..	3,000
Untreated Milk	..	..	..	..	..	..	..	Nil
Ultra Heat Treated Milk	..	..	..	..	..	..	..	2

Purveyors of Milk

Number of Retail Purveyors selling milk in the City:				
Wholesale and Retail Dairymen	..	..	..	51
Retail purveyors selling bottled milk only from shop premises..				658

Designated Milk

The following table sets out the number of licences in force at the end of the year.

Pasteurised Milk – Pasteurisers Licences	..	..	..	3
Pasteurised Milk – Dealers Licences	..	..	..	664
Sterilised Milk – Dealers Licences	..	..	..	696
Untreated Milk – Dealers Licences	..	..	..	182
Ultra Heat Treated Milk – Dealers Licences	..	..	..	4

The following table indicates the results received from samples of designated milk which were subject to the prescribed tests.

Designation	No. of Samples Obtained	No. Satisfactory	No. Unsatisfactory
Pasteurised	76	74	2
Pasteurised C.I.	16	16	Nil
Sterilised	21	21	Nil
U.H.T.	4	4	Nil

The two unsatisfactory samples of Pasteurised Milk failed to satisfy the Methylene Blue test. In each case the sample was obtained from shops and the failure occurred because of the age of the milk. Appropriate advice was given in each case.

Brucella Abortus

The following samples of “ex farm” milk were submitted for examination for the presence of Brucella Abortus. The samples were taken from farm consignments at the various processing dairies in the City.

Number of supplies of raw milk examined	..	..	..	27
Number of positive Ring Tests reported	..	..	..	6
Number of samples in which Brucella Abortus isolated	..			0

In each case where a sample produced a positive result the facts were referred to the farmer, the appropriate local authority and to the Ministry of Agriculture, Fisheries and Food. The milk supplies concerned had all been consigned to processing dairies in the City for pasteurisation.

Ice Cream (Heat Treatment etc.) Regulations, 1959 and 1963

During the year 112 samples of ice cream were obtained and submitted to the Public Health Laboratory for examination for bacteriological cleanliness.

The samples taken during the year were graded as follows:

Grade 1	..	..	..	..	..	..	77	Satisfactory
Grade 2	..	..	..	..	..	..	14	
Grade 3	..	..	..	..	..	..	11	Unsatisfactory
Grade 4	..	..	..	..	..	..	10	

Many of the unsatisfactory samples originated from a manufacturer outside the City. The matter was referred to the appropriate local authority who are supervising improvements to the factory, including the provision of new equipment. A number of unsatisfactory samples were also produced by a local manufacturer. These were caused by a failure to properly cleanse and sterilise equipment.

For some time now the ice cream industry as a whole has complained that too many samples of ice cream are taken for examination each year and that from a sampling point of view, the industry is thus being victimised. The results quoted in the table show that of the total samples taken, almost 19% were unsatisfactory, and this more than justifies the attention that has been given during the year. Perhaps more care would be taken in the hygienic production of ice cream if the provisional Methylene Blue standard became a statutory standard. Circular 8/59, which deals with the bacteriological examination of ice cream, states that the fact samples fail to reach Grades 1 or 2 (satisfactory grades) does not in itself provide sufficient grounds for regarding the ice cream as unfit for sale for human consumption. The whole purpose of food hygiene is, however, to prevent the risk of contamination and ice cream falling in Grades 3 and 4 is bacterially contaminated. It should be remembered too that Circular 8/59 was issued at a time when virtually only hard ice cream was being sold and before the advent of soft ice cream freezers.

FOOD HYGIENE

During the year 9,437 inspections were made of the various food premises in the City. As a result of these inspections it was necessary to serve 1,275 notices in respect of various contraventions of the Food Hygiene (General) Regulations, 1960. Legal proceedings were taken on 17 occasions and these resulted in fines and costs totalling £422 9s. 0d., being imposed on the defendants.

The drive against unhygienic practices has continued during 1969 and further improvement has been noted but, lest anyone should feel complacent, a complaint from some foreign visitors should be noted. The courier in charge of a party of German tourists complained that one of the better restaurants in the City centre was dirty and untidy. When investigated, it was found that the kitchen and food preparation areas were clean but the waitresses were lax in cleansing tables, emptying ash trays, etc. after use. The complaint was quickly rectified but it indicates the standards required by foreign visitors, and that if the catering industry is to help the tourist trade, the highest possible standards of cleanliness must be maintained.

In order to emphasise the necessity and importance of cleanliness, a series of specimens for bacteriological examination were taken from food premises. The specimens are taken using a nutrient medium and incubated. After the colonies of bacteria have grown and been counted, the specimens are taken back and shown to the food handlers working at the premises from which they were taken. The significance of the specimens is explained and advice given. This method of sampling usually wins the interest and co-operation of the food handlers who realise from the results that invisible as well as visible dirt has to be removed. Follow up samples have also demonstrated to food handlers how important the use of a detergent/steriliser is in securing complete cleanliness. In general, premises in the City now comply structurally with the Food Hygiene Regulations, but the education of the food handler is a continuing and exacting task.

The standard of hygiene in industrial canteens and school catering continues to be good. These are important areas as large numbers of meals are prepared and served. An outbreak of food poisoning in a school or factory could, of course, have disastrous results.

The standard in licensed premises is also rising, but attempts at modernisation are often let down by bad public house management. Attention to detail and the acceptance of the "clean as you go" principle is of paramount importance, especially where catering services are offered.

One serious obstacle to the maintenance of high standards is the constant change in staff, particularly in large food stores and restaurants. This places a heavy responsibility on the management of the premises to ensure that standards do not fall. It also means that the Public Health Inspector has to start from the basic principles of food hygiene as he talks to the staff on each visit.

Except in cases of gross dirt, for which there can be no excuse, prosecutions are only taken after an opportunity has been given for the contraventions to be rectified.

FOOD HYGIENE (GENERAL) REGULATIONS, 1960

Premises	No. of Premises	No. fitted to comply with Reg. 16	No. to which Reg. 19 applies	No. fitted to comply with Reg. 19
General Food Shops	707	707	699	699
Butchers	255	255	255	255
Confectioners – Cakes ..	67	67	65	65
Confectioners – Sweets ..	236	236	200	200
Greengrocers	186	186	181	181
Fried Fish	76	76	76	76
Wet Fish	49	49	49	49
Cafes	170	170	170	170
Licensed Premises	326	326	326	326
Markets	3	3	3	3
Canteen Kitchens	115	115	115	115
School Kitchens	125	125	125	125
Bakehouses	23	23	23	23
Cooked Meat Manufacturers ..	66	66	66	66
Food Warehouses	26	26	26	26

LEGAL PROCEEDINGS

Section 2 – Food and Drugs Act, 1955

<i>Offence</i>	<i>Result</i>	<i>Fine</i>	<i>Costs</i>
Sale of a Pork Pie containing part of an insect	Convicted	£10 0s. 0d.	£3 3s. 0d.
Sale of a Swiss Roll containing a cigarette end ..	Convicted	£25 0s. 0d.	£5 5s. 0d.
Sale of milk containing antibiotic residues	Convicted	£15 0s. 0d.	£3 3s. 0d.
Sale of fresh crab not of the substance demanded ..	Convicted	£5 0s. 0d.	
Sale of a loaf of bread containing a piece of metal ..	Convicted	£20 0s. 0d.	£4 4s. 0d.
Sale of sausage containing a piece of metal	Convicted	£10 0s. 0d.	£5 5s. 0d.
Sale of Inhalant deficient in menthol	Convicted	£25 0s. 0d.	£3 0s. 0d.
Sale of a loaf of bread containing a piece of metal ..	Convicted	£50 0s. 0d.	
Sale of sausage containing a metal staple	Convicted	£20 0s. 0d.	£5 5s. 0d.

<i>Offence</i>	<i>Result</i>	<i>Fine</i>	<i>Costs</i>
Sale of a loaf of bread which contained a piece of plastic	Convicted	£20 0s. 0d.	£3 3s. 0d.
	TOTAL	£200 0s. 0d.	£32 8s. 0d.

Section 8 – Food and Drugs Act, 1955

<i>Offence</i>	<i>Result</i>	<i>Fine</i>	<i>Costs</i>
Sale of and having in possession for sale cheese which was unfit for consumption	Vendor dismissed. Manufacturer convicted	£20 0s. 0d.	£7 11s. 0d.
Sale of Cornish Pasty which was unfit for consumption ..	Convicted	£2 0s. 0d.	£2 2s. 0d.
Sale of Crumpets which were unfit for consumption ..	Dismissed		
Sale of chocolates, cereal and cheese which were unfit for consumption	Convicted	£25 0s. 0d.	
Sale of fish which was unfit for consumption	Convicted	£20 0s. 0d.	£3 3s. 0d.
Sale of steak and kidney pie which was unfit for consumption	Convicted	£10 0s. 0d.	£5 5s. 0d.
Sale of loaf of bread which was unfit for consumption ..	Convicted	£20 0s. 0d.	£3 3s. 0d.
Sale of steak and kidney pie unfit for consumption ..	Convicted	£10 0s. 0d.	£3 0s. 0d.
Sale of bacon unfit for consumption	Convicted	£15 0s. 0d.	£1 1s. 0d.
Having in possession food unfit for consumption ..	Convicted	£25 0s. 0d.	

<i>Offence</i>	<i>Result</i>	<i>Fine</i>	<i>Costs</i>
Sale of sausage unfit for consumption	Convicted	£25 0s. 0d.	£3 3s. 0d.
Sale of loaf of bread unfit for consumption	Convicted	£15 0s. 0d.	£3 3s. 0d.
Sale of cheese unfit for human consumption ..	Convicted	£10 0s. 0d.	£10 10s. 0d.
Sale of a savoury pie unfit for human consumption ..	Convicted	£10 0s. 0d.	£3 0s. 0d.
Sale of sliced loaf of bread which was mouldy – unfit for human consumption ..	Convicted	£10 0s. 0d.	£3 3s. 0d.
Sale of loaf of bread unfit for human consumption ..	Convicted	£50 0s. 0d.	
	TOTAL	£267 0s. 0d.	£48 4s. 0d.

Food Hygiene (General) Regulations, 1960

<i>Regulations</i>	<i>Offence</i>	<i>Result</i>	<i>Fine</i>	<i>Costs</i>
5, 6 and 19	Insanitary condition of premises, articles of equipment not kept clean, absence of personal washing facilities ..	Convicted	£22.0s.0d.	£3.3s.0d.
5, 8 and 23	Insanitary shop premises, placing food as to involve risk of contamination, failure to maintain premises so as to prevent entry of rodents ..	Convicted	£75.0s.0d.	£5.5s.0d.
6 and 8	Articles of equipment not kept clean, placing food so as to involve the risk of contamination	Convicted	£50.0s.0d.	£5.5s.0d.

<i>Regulations</i>	<i>Offence</i>	<i>Result</i>	<i>Fine</i>	<i>Costs</i>
5, 6 17 and 19	Insanitary shop premises, articles of equipment not kept clean, failure to provide adequate first aid materials, sink not kept clean	Convicted	£140.0s.0d.	£10.10s.0d.
23	Walls, floors and ceilings not kept clean (4 counts) ..	Convicted	£60.0s.0d.	£3.3s.0d.
6, 16, 17 and 19	Articles of equipment not kept clean, absence of hot water to wash hand basin, inadequate first aid materials and defective sink	Convicted	£45.0s.0d.	£3.3s.0d.
		TOTAL	£392.0s.0d.	£30.9s.0d.

Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations, 1966

<i>Regulations</i>	<i>Offence</i>	<i>Result</i>	<i>Fine</i>	<i>Costs</i>
8 and 25	Smoking whilst handling food	Convicted	£10.0s.0d.	£3.3s.0d.
	Being a person in charge of a stall, permitted an employee to smoke whilst handling food	Dismissed		
8 and 25	Smoking whilst handling food	Convicted	£2.0s.0d.	
	Being a person in charge of a stall permitted an employee to smoke whilst handling food	Convicted	£2.0s.0d.	£2.2s.0d.
8	Smoking whilst handling food	Convicted	£1.0s.0d.	£2.0s.0d.
8	Smoking whilst handling food	Convicted	£10.0s.0d.	
		TOTAL	£25.0s.0d.	£7.5s.0d.

Milk and Dairies (General) Regulations, 1959

<i>Offence</i>	<i>Result</i>	<i>Fine</i>	<i>Costs</i>
Sale of milk in a dirty bottle..	Convicted	£20 0s. 0d.	

Colouring Matter in Food Regulations, 1966

<i>Offence</i>	<i>Result</i>	<i>Fine</i>	<i>Costs</i>
Sale of sweets containing non-permitted colouring matter	Convicted	£20 0s. 0d.	£2 0s. 0d.

Sausage and Other Meat Product Regulations, 1967

<i>Offence</i>	<i>Result</i>	<i>Fine</i>	<i>Costs</i>
Sale of beefburgers not complying with statutory standard	Convicted	£20 0s. 0d.	

FOOD AND DRUGS ACT, 1955
Registration

The number of premises registered under the provisions of Section 16 of the Food and Drugs Act, 1955 is set out below.

Number of Premises on the Register – 1st January, 1969	..	1,475
Number of Premises added during the year	..	121
Number of Premises discontinued during the year ..	..	—
Number of Premises on Register – 31st December, 1969	..	1,596

The premises referred to in the above table are qualified as follows:

Premises registered for manufacture of ice cream	..	..	11
Premises registered for storage and sale of ice cream	..	..	1,195
Premises registered for preserving of foods	..	..	285
Premises registered for cooking of fish	..	..	105

LIQUID EGG (PASTEURISATION) REGULATIONS, 1963

Number of Egg Pasteurisation Plants in the District	Nil
Number of Samples of Liquid Egg submitted to Alpha Amylase Test	Nil

FOOD HAWKERS

During the year 454 inspections were carried out of stalls, mobile shops, vending machines and delivery vehicles under the provisions of the Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations, 1966, resulting in the service of 59 notices in respect of various contraventions of the Regulations.

Six prosecutions were taken in respect of smoking, and allowing employees to smoke, whilst handling food. Five convictions were secured and the total fines and costs imposed by the Court were £32 5s. 0d. All the prosecutions related to the Retail Market.

Many of the problems which exist in this method of food trading centre round the conversion of vehicles used for the sale of food. Purpose built vehicles present few difficulties so far as construction is concerned but converted vehicles, often done by the trader himself, do raise problems of cleaning. Irrespective of the vehicle, however, the cleansing of the vehicle requires the use of old fashioned elbow grease.

Personal Registration 31st December, 1969	Premises Registration 31st December, 1969	No. of Inspections	No. of Notices Served
109	59	454	59

POULTRY INSPECTION

There are no poultry processing premises within the City area. Routine inspection of poultry on sale has been carried out during the year at retail, wholesale and catering premises. The standard of poultry generally has been found to be satisfactory.

Some concern was felt early in the year when an official circular indicated that sub-standard chickens were being released to the catering trade. Close attention has been given to poultry used in catering businesses but only on one occasion was diseased poultry found. This exception was a chicken which was affected with leukaemia. The proprietor had already decided that it was unfit and did not intend to use it. The chicken was however surrendered and destroyed.

The inspection of poultry on a large scale produces many practical problems and as the poultry trade increases efficient inspectorial control becomes more urgent. In addition to questions of unfitness it is, of course, a known fact that chickens carry salmonellae, thus introducing food poisoning risks. The Slaughter of Poultry Act, 1967, which comes into operation on 1st January, 1970 deals with slaughtering only. Consideration should be given to legislating for the control of inspection at distributive and retail levels.

WATER SAMPLES

Chemical Analysis		Bacteriological Analysis	
Satisfactory	Unsatisfactory	Satisfactory	Unsatisfactory
214	Nil	225	2

The table shows the number of routine town’s water samples which were taken and submitted to the City Analyst for chemical analysis and to the Public Health Laboratory for bacteriological examination. All the samples were reported as being satisfactory.

In addition, samples were taken from water supplies to large offices where the taps were fed from a storage tank, and these too were satisfactory.

It was found during inspection, that well water was being used on a small caravan site in the City. Bacteriological samples were taken and found to be unsatisfactory. Action was taken to prohibit its use for drinking purposes, and arrangements were made to supply town’s water to the site.

HEALTH EDUCATION

The maintenance of a high standard of environmental health requires not only the enforcement of public health legislation but also the education of the public in the reasons for environmental health measures and the means available to carry them out.

One of the principal ways of achieving this is by means of lectures within the City. To this end, 61 lectures were given during the year involving 2,765 people.

Thirty-two of these lectures were given to adult organisations with an attendance of 1,746 people and, in addition, following the practice of previous years, six formal lectures on food hygiene were given to 425 food handlers working in the City.

The remaining twenty-three lectures were also formal lectures given to 594 school pupils at schools within the City. This is most encouraging since, of all health education, that of the future citizen is the most important.

The display panel in the centre of the City has been used to publicise all aspects of environmental health work through the use of posters, photographs and similar display material.

AIR POLLUTION INDUSTRIAL SOURCES

The year under review has seen considerable activity in this sector of environmental pollution, following the commencement on the 1st April, 1969, of the new Clean Air Act, 1968 described as "An Act to make further provision for abating the pollution of the air". Most of the principal Act, viz. The Clean Air Act, 1956, remains in force with the addition during the year of the following:

The Clean Air Act, 1968 (parts operative 1st April, 1969 and 1st October, 1969)

The Clean Air (Height of Chimneys) (Prescribed Form) Regulations, 1969 (operative 1st April, 1969)

The Clean Air (Height of Chimneys) (Exemption) Regulations, 1969 (operative 1st April, 1969)

The Clean Air (Emission of Dark Smoke) (Exemption) Regulations, 1969 (operative 1st October, 1969)

The Clean Air (Arrestment Plant) (Exemption) Regulations, 1969 (operative 1st October, 1969).

The spate of legislation, dealing primarily with industrial pollution, has required radical changes in procedure and attitude on the part of local authorities, and has been prompted by the technological progress made in the past twelve years. Negative enforcement, a feature of some parts of the 1956 Act – exemplified by control of chimney heights having to be exercised through the Building Regulations, 1965 administered by another department of the local authority and prior-approval of furnace plant being "voluntary", has now been legislated for and given undivided control with heavy penal clauses. In fact for new chimney heights and arrestment plant, local authorities must give decisions within 28 days.

New and more positive control is given over the incineration of industrial or trade refuse, including such as old cars, tyres, upholstery – matters of high interest in Coventry. Unfortunately garden bonfires and demolition contractors' fires are only partly controlled – again two matters of concern in Coventry where, amidst leafy surroundings, garden bonfires abound and more demolition and rebuilding is taking place than most places.

Important powers are given to the local authority for the control of grit and dust emissions from existing chimneys, and for requiring effective grit and dust arrestment for new furnaces. Contrary to previous practice, the local authority is required in effect to "license" arrestment plant as suitable for the furnace to which it will be attached.

New control over the heights of chimneys is one of the more important sections of the Act of 1968. Again it is virtually a licensing procedure with a heavy penalty of £100 per day for non-compliance. Not only are new chimneys covered by this new orbit of control, now existing chimneys are controlled where the associated plant has been increased in size or replaced by larger plant. All these new features bring new implications and responsibilities, previous law did not entail routine inspections of boiler plant, furnaces and boilerhouses – the new law will, and Coventry has over 1,000 factories plus many more establishments where the same law applies.

A point to be made here is that legislation increases more rapidly than staff resources. Adequate law enforcement requires adequate staff numbers.

A case which could be entitled "the last straw" involved the practice, tolerated by country-dwellers but abhorred by town-dwellers of stubble-burning and the incineration of farm wastes. An accepted agricultural activity, but intolerable in the centre of a housing estate where the residents are not likely to enjoy the alleged fragrance of a slowly-burning fire wafting smoke into their homes. Much is heard of forms of pollution arising from sources such as this. Farmland is being turned into housing development and shopping centres, farms are being "built-around", and practices acceptable to country-dwellers as part of the normal scene are an anathema to suburbanites. In the case in question the farmer was prevailed upon to abate his inconsiderate pollution of the atmosphere.

The first case under the Clean Air Act, 1968 for the prohibition of dark smoke from the ground-level incineration of industrial or trade refuse was started during the year with proceedings pending in 1970. Low level smoke emission from the burning of waste in the open air at, for instance, car-breakers' or scrap merchants' yards can be a serious nuisance. The necessity of having to prove a public health nuisance from the smoke under the old Act was weak and unwieldy. The new law, although riddled with exemptions, is a useful control measure in certain instances, and the case in question concerned the burning of old tyres and car upholstery at a scrap merchant's premises.

Dust and Grit

With a few notable exceptions, grit and dust emission from combustion of fuels in Coventry is not a problem. Albeit that complaints during the year numbered sixty-four, the large majority referred to three specific instances outlined below.

Solid particle emission is hardly any problem with oil-fired furnaces, although certain types of emission such as soot and acidic smut can be troublesome. Soot emissions in an area from the chimney of an industrial premises are usually simple to locate since soot is usually a constituent of emitted black or dark smoke. Grit and dust emissions are generally more difficult and require time-consuming surveys involving deposit gauge or petri dish assessments in order to pin-point the offender in a congested industrial area. Generally the offenders are large coal-burning installations of which fortunately there are few in number in Coventry.

An engineering factory to the north of the City operating a large pulverised fuel plant caused serious grit and dust emission in the area through overloading of the furnace, use of unsuitable fuel and other factors. The company was invited to send representatives to discuss the matter with the Public Protection Committee. Some improvement resulted from the enquiry prompting the change to a better grade of fuel and the installation of an additional oil-fired boiler. As a further and continuing check, the law has been invoked in the form of the Clean Air (Measurement of Grit and Dust) Regulations, 1968 requiring the company to make and record close measurements of chimney flue grit burdens and to supply the local authority with the results of the measurements. From these results the Department will be guided as to the validity of the company's statement that the best practicable means has been used for minimising the alleged emission. Regulations are to be issued by the Minister in the future prescribing limits on the rates of emission of grit and dust for different types of plant, cases and circumstances. Until this is done control of emissions cannot be as positive as it should be.

A great deal of pressure was brought during 1969 against the Central Electricity Generating Board power station which is under the control of the Government Alkali Inspector. The Board, as a consequence, overhauled much of the plant and grit arrestment gear, but it is difficult as yet to assess the degree of improvement. High volatile coal has resulted in lengthy emissions of dark smoke. The power station still continues to cause pollution.

A Crown property operating six solid fuel fired boilers was responsible for a serious soot, grit and dust nuisance in the latter part of the year. This was found to be due to the grit arrestment gear being out of action for a long period owing to lack of maintenance. To add further to this sorry state of affairs, grit, dust and boiler ashes were stored in a windy, open position, as also were the coal stocks, and no water-spray equipment was available to prevent the wind-borne dispersion of the particulate matter. Strong northerly winds were experienced on some forty days during the period and these picked up the fine solid material from their dumped positions and, combined with similar emissions from the chimney terminal, showered them over the neighbourhood resulting

in a petition of complaint from forty residents. The matter has been taken up strongly with the Minister responsible, being the only means open to the local authority to secure abatement of the nuisance.

Fumes

A positive move in the control of air pollution is the addition of "fumes" to the law relating to grit and dust. Fumes are defined as "any airborne solid matter smaller than dust, but not including acid mist or liquid droplets". Solid particles of very small size are emitted as a result of some processes dependent upon the combustion of fuel such as metallurgical operations in certain iron foundries. The new Act enables all or any of the grit and dust provisions in the law to be applied to fumes. This should be a useful means of dealing with the cases which formerly did not come under legal control, for example, the proliferation of coin-operated launderettes and dry-cleaning establishments which discharge fumes from driers, and the process, into the atmosphere.

The Use of Natural Gas in Industry

In industrial and commercial spheres in Coventry important changes are beginning to take place which will have dramatic and welcome implications in relation to air pollution. Natural gas, this almost too-good-to-be-true fuel has arrived, and, although the flare of publicity has mostly been on the domestic front, industry and particularly Coventry industry with its modern, far-sighted technological skills, is quietly changing its fuel policy. Present heat and power generation by solid and liquid fuels, although of much increased efficiency since the Clean Air Act, 1956, means some air pollution from the wholesale use of the air as a sewer for damaging products of combustion. With natural gas it seems another age of man could dawn, sans smoke, sans grit, sans sulphur, sans everything that pollutes the air.

At least three large car manufacturing plants in the City are already using natural gas for process works, on a town's gas for natural gas changeover which has involved the laying of spur mains. The next step is the conversion of boiler furnaces for which negotiations are steadily proceeding.

Other industrial and commercial undertakings are examining their heating requirements and the economies of changing to natural gas. This process will, no doubt, be accelerated when the normal conversion programme, commenced in the south-east of the City in November, 1969, extends to the remainder of the City.

DOMESTIC SOURCES

Smoke Control Areas

Extension of smoke control areas remained in abeyance owing to economic difficulties. The programme came to a halt during 1968 after fourteen areas had been established covering 6,464 acres with 25,000 houses. Smoke control in respect of these areas is still being fully enforced to the benefit of the City.

Endeavours are being made to re-start the programme, if only in a modest way, with a small area in Hillfields which will be virtually a vacant site at the time of declaration of the Order, to be redeveloped by private builders for housing purposes. At present the intention is to restart the planned programme in 1972, and it is anticipated that area surveys will begin in 1971, to be ready for this.

Air Pollution Measurement

The state of the atmosphere is checked by continuous measurement carried out by local authorities and other bodies. Of the latter, Warwickshire Clean Air Council is an important representative, being a consortium of nineteen local authorities with the slogan "smoke knows no boundaries" and which operates ninety-seven measuring instruments throughout the county. By continuous measurement the extent of pollution can be checked, high-lighting the situations where restrictive measures in the interests of health can most advantageously be applied.

The country-wide scheme is administered by the Ministry of Technology's Warren Spring Laboratory at Stevenage, where measurement results are channelled for national collation and study. Locally too, the information derived is put to good use in indicating the priorities of smoke control, and assessment of industrial chimney heights, and for publicity purposes. 1970 has been designated European Conservation Year – a co-operative exercise to get people to care for their environment, to concentrate on protecting what natural amenity and beauty remains, and to reclaim some that has been destroyed. Air pollution figures high on the list of blights on the environment in this industrial age, the wholesale use of the air as a sewer for the products of combustion being taken for granted. The biosphere – our environment, is a thin layer that everything depends upon to live in, and displacing parts of it with man-made contaminants degrades human living.

Pollutants traditionally measured are smoke (suspended matter), dust and grit (deposited matter), and sulphur dioxide. To these must be added in the future, as specialised forms of air pollution increase – carbon monoxide, oxides of nitrogen, hydrocarbons, diesel fumes and lead from motor vehicles, fluoride from industrial processes, and, if sunshine increases in this country as the summer of 1969 hinted, perhaps the sun-induced photo-chemical "smog" peculiar to sunny California.

(i) Deposit Gauges

Continuous measurement of solid matter deposited from the atmosphere was carried out during the year at the following stations:

Day Nursery, Edgwick
Elephant and Castle, Aldermans Green Road
Watery Lane, Keresley
London Road Cemetery (commenced 1st July, 1969)
84 Spring Road, Foleshill (commenced 1st February, 1969)
St. Elizabeth's School (commenced 1st July, 1969)
183 Tallants Road, Foleshill (commenced 1st February, 1969)
Blue Coat School, Terry Road (commenced 1st March, 1969)
Stoke Park School (discontinued 1st February, 1969).

Analyses are made at monthly intervals by the City Analyst of this air-borne deposited matter comprising dust, grit etc. Estimations are made in terms of "milligrammes per square metre per day" – a change having been made in 1969 from the former "tons per square mile per month" in accordance with metrication trends (Table 1).

The pattern of use of this type of measurement is likely to change in the future, a move already reflected in the changed situations of measurement stations from those used in previous years. Deposit gauge measurement should not generally be static from year to year, instruments should be concentrated for as long as required around offending sources e.g. factory chimneys, to give the requisite information to assist in bringing about a conclusive abatement of the air pollution nuisance, and thereafter removed. There are limited exceptions, however, and two additional sites recently added and operated in Coventry fall into this category. They are the Blue Coat School, Terry Road and London Road Cemetery from which sites on a "before and after" basis the efficiency of grit and dust arrestment of the future waste reduction unit can be assessed. Other type instruments are also in use for this specific purpose.

(ii) Volumetric Smoke Density and Sulphur Dioxide

Measuring Instruments

Eight instruments are operated in Coventry making continuous measurement of smoke and sulphur dioxide at the following sites:

Council Offices, Earl Street
Technical College, Butts
Lyng Hall School, Blackberry Lane
Foxford School, Longford
Health Centre, Jardine Crescent, Tile Hill
Broad Heath School, Broad Street
Multi-Purpose Centre, Jubilee Crescent, Radford
Blue Coat School, Terry Road

Apart from the obvious use made of such air pollution data, which will be particularly emphasised in 1970 being European Conservation Year with its accent on pollution in all forms, there is collaboration between the Department and industry, and with regional planning authorities. With industry the assistance of the Department has been sought in connection with studies of the performance of precision engineering components in dusty atmospheres. Planning studies on national and regional scales are also showing that air pollution is a subject that must be taken into consideration, reminiscent of a national newspaper comment of the now cleaner state of the air – "We had an air pollution problem in London but nobody knew anything about it because of the fog".

AVERAGE MONTHLY SMOKE CONCENTRATIONS IN MICROGRAMMES PER CUBIC METRE DURING 1969



AVERAGE MONTHLY SULPHUR DIOXIDE CONCENTRATIONS IN MICROGRAMMES PER CUBIC METRE DURING 1969



NOISE CONTROL

BREAKDOWN OF INDIVIDUAL NOISE COMPLAINTS TO PARTICULAR OPERATIONS

General Industrial Operations	..	..	..	..	..	..	9
Engine testing	..	..	..	..	..	..	1
Ventilation fan system	..	..	..	..	..	..	6
Pressing operations	..	..	..	..	..	..	1
Compressors	..	..	..	..	..	..	5
Transporting industrial products	..	..	..	..	..	..	4
Car wash	..	..	..	..	..	..	1
Dairies	..	..	..	..	..	..	1
Launderette	..	..	..	..	..	..	1
Tannoy	..	..	..	..	..	..	2
Panel beating	..	..	..	..	..	..	2
Crane operation	..	..	..	..	..	..	2
Car breaking	..	..	..	..	..	..	1
Drop forging	..	..	..	..	..	..	1
Building Sites							
Pile Hammer	..	..	..	..	..	..	1
Concrete breaker	}	..	..	..	..	..	20
Compressors		..	..	..	..	..	
Tractor scraper	..	..	..	..	..	..	1
General building construction at night	..	..	..	..	..	..	1
Concrete mixer	..	..	..	..	..	..	1
							61
							—

Number of Notices Served 27

Number of Court Hearings Nil

Noise sources which were the subject of complaint increased a little in 1969, from 48 to 61 and significantly as for the previous year noise sources from building works, particularly road works where compressors and road drills were responsible, held pride of place. One third of all complaints was in connection with road works.

This has so exasperated the shop and office workers and residents of the City Centre, where road works continue, that informal notices under Section 1 of the Noise Abatement Act, 1960 were served on contractors of statutory undertakings, and in at least two instances statutory notices were served. In every case no measures had been taken to silence equipment and practical means could be applied.

This had the desired effect and equipment was duly silenced to the standard of the Ministry of Public Building and Works.

Because of this continuing and unnecessary source of noise, mostly in the centre of the City, advantage was taken of Ministry of Housing and Local Government Circular 36/69, requesting information on industrial noise, to set out the problem of road works.

Vehicle Appraisal Complex, Stonebridge Highway

A leading motor-car manufacturer's proposal to establish a test track on vacant land on the south-eastern outskirts, at first conjured up visions of the high-speed circuits with screaming cars hurtling around a banked track. This was never intended of course, and a more sedate and accurate description of the proposal as a "motor-vehicle appraisal complex" was forthcoming. As such, satisfactorily operated, it could be something of a blessing in disguise.

One of Coventry's problems as a motor car manufacturing concentration, has been the testing or appraisal of new cars on the public highways. White-coated testers driving new models with trade licence plates have long been a feature of the Coventry scene, adding to the highest-in-the-country figure of cars per head of population.

Planning-wise, appraisal or testing of vehicles on a private circuit rather than the public highway would be considered good. From an environmental viewpoint, and particularly noise potential, the Department had reservations requiring the fullest investigation. Noise level measurements near occupied houses were made to determine the background or ambient levels at various times of the day. Likely intrusive noise levels were estimated by measurement and observation at a similarly-used and operated "track" outside Coventry. From this an allowable maximum noise level was decided for conditional planning consent.

Although primarily planning considerations, other matters were investigated as possibly having a bearing on amenity. Items such as night-use of the track with flashing headlights as the vehicles under test circled the track, the use of test "skid-pans" and possible tyre-squeal, crash-destruction tests. Satisfactory assurances were given by the applicants on these points, and more particularly in a noise context when it was ascertained that only a small number of vehicles would be on the track at any one time, and that they would mostly be super-silenced (and air pollution controlled) to the strict North American Standards.

Noise from Sherbourne Valley Sewer Duplication Tunnelling

Jet-age living with every new development in means of transport or industry, whether it be Concorde or concrete-mixing, has its own spectre of associated noise that dulls the senses and blunts human sensitiveness. Noise is demotivating, as many Coventry factory workers will confirm after a "no let-up" eight hour shift.

Not only at work is the citizen assailed by noise. In the City centre and on main suburban roads, traffic and other noise regularly reaches a measured 90 decibels level (noise begins to cause trouble at 75 decibels). The Coventry By-Pass, a main artery for heavy transport, with

a peak of over 2,000 vehicles per hour, prompted the comment of a resident – "a stone's throw and a split eardrum from my house lies Stonebridge Highway".

If that were not enough, sewer-tunnelling for the massive Sherbourne Valley Foul Sewer contract is taking place in the area with ground-level compounds enclosing night-and-day-working noisy compressors, digging equipment, cranes and lorries. These are sited near the houses along the Highway and in other situations.

Continuous exposure to certain noises tends to make us accept their characteristics. Add a different noise or increase the noise, and we become affronted at intrusion on our privacy. Especially if, for instance, we are asked to endure that noise to provide extended sewerage facilities to benefit another part of the City.

Sound-proofing of the compressors and the compressor-house, the tunnel shaft, the crane, and other equipment, the use of sound-absorbing screens, and close checks kept by regular noise-level readings, are measures put into effect. On the basis that "putting one's cards on the table" is good public relations, all nearby householders were informed by the City Engineer in detail by letter of the nature and extent of the work in progress. Double-glazing of nearby house windows was undertaken to minimise noise at certain sites.

A Question of Timing

One advantage of living and working in a modern industrial city such as Coventry, where the workers have preconceived ideas when to be at the seaside, is that during the holiday fortnight all industrial noise sources are stilled. The disadvantage to management is that any alterations to plant or new installations with a resultant new noise source is picked up immediately after the break.

This year has been no exception. One manufacturer installed a new and enlarged dust extract system during the holiday period. The result? More noise and more complaints.

The company office employees were the first victims, the air exits from the multiswirl dust extractors being directed over the single storied office block. This was soon corrected, the direction of the air exits was changed to the adjoining housing estate. Not surprisingly the number of complaints increased ten fold.

The firm was informed and the problem was placed in the hands of acoustic specialists who specified a purpose made silencer for each of the three dust extractors.

Even with prompt delivery the residents have to put up with weeks of unnecessary noise of a particularly high pitched variety, and it seems unusual that a company of this size with a Plant Engineer's Department would install a new extract system without prior consultation and agreement with the local authority.

Presumably the likelihood of publicity about the Noise Abatement Act, 1960, reaching correct management level in the smaller firms is nil, if the larger firms are still not aware of their obligations.

Prior approval for the installation of plant and noisy machinery might solve the problem generally, or at least allow the Public Health Inspector to intercede in good time. In this example, where the company have used acoustic specialists before, it seems to have been a question of timing in fitting together all the bits, the acoustic company should obviously have been called in before the installation of the extract plant.



Refuse thrown into a void house

ENVIRONMENTAL NUISANCES

Battery Poultry Keeping

The lifting and the removal of poultry manure, whether damp or dry, can be guaranteed to make the strongest person object. When the birds are numbered in thousands and the weight of droppings increased accordingly the smell can be overpowering. Certainly the residents of a district in the northern part of the City feel so, and have complained to the Department about nuisance.

The problem of disposal of the odorous manure product is one for the industry, which has suggested one or two alternatives in other parts of the country, but without complete success. Ideas include liquifying the manure and pumping direct to sewer or road tanker, or removal as a solid weekly or annually with or without an attempt to neutralise the smell.

The pattern in this case is to be the removal at one time of the droppings from thousands of hens for twelve months – a task taking a week. Close supervision is necessary to ensure that no public health nuisance arises during interim periods.

Removal of Binley Tip

If the average citizen were asked what was the worst blot on the Coventry landscape, he would without hesitation say Binley Tip. It lies on the otherwise flat Midlands Plain to the east of Coventry – a man-made mountain of colliery spoil.

Plans for its removal in stages were welcomed when a use was found for the burnt shale as ballast for the making of motorways, in this instance for the M1/M6 link. The company proposing the removal, the owners, and the local authority examined the implications of this immense task and safeguards were agreed on an exercise of forward-planning to avoid nuisance.

Air pollution by dust, grit and smoke is a danger as the light, and sometimes hot, shale is bulldozed and grab-loaded into lorries on the steep slopes. The ingress of air into the exposed surface could cause combustion and smoke, and an easterly wind could result in smoke, gases and grit being carried into the City area. Transport of the material in lorries through the streets could also cause nuisance.

A close check is kept on these possibilities and an essential safeguard, successfully negotiated with the parties concerned is that the contract states that work can be immediately stopped and remedial measures taken should nuisance occur.



Pollution of a disused Canal Arm before filling

RIVERS, STREAMS AND CANALS

During the year, forty one samples of water were taken from rivers and streams within the City; six were taken from two ponds and two from canals. These forty nine samples were submitted for analysis and seven were found to be unsatisfactory.

In five instances samples taken from the rivers and streams showed evidence of pollution. Three of these were taken from the stream at Wall Hill Road, and again established sewage pollution from overflowing cesspools and septic tanks in Hawkes Mill Lane. This particular problem will not be solved until these houses are connected to the Coventry sewerage system, possibly in the next two years. The fourth unsatisfactory sample was taken from the River Sherbourne at its entrance to the City, and also revealed organic pollution. Investigation showed that this pollution most probably originated from dairy farms outside the City, and repeat samples proved satisfactory.

The fifth unsatisfactory sample was taken from the stream feeding the Wyken Slough and showed that the stream was chemically polluted and was highly offensive. Simultaneously, reports were received that large quantities of fish in the Wyken Slough were dead and floating on the surface. Investigation showed that the source of pollution appeared to come from a large industrial waste tip outside the City. The effluent from this tip was passed through a biological filter and then fed into the stream. No recent problem had been experienced from the tip. A fire at the tip was extinguished by using large quantities of water which had apparently washed waste products into the stream.

Consultations were held with the company concerned and remedial works instituted, which appear to have prevented recurrent pollution. However, although no further pollution came from the tip, further pollution of the Slough did occur as a result of residual pollutant being held in two marsh areas through which the stream flowed.

This could only be remedied by the removal of the material from the main marsh, allowing natural regeneration of the second marsh area. The removal of this pollution was achieved by the service of an abatement notice under the Public Health Act, 1936 in respect of the main marsh area.

During the investigation into the pollution of the Wyken Slough, thirty seven samples of water were taken for analysis, and five public complaints were received.

The two other unsatisfactory samples were taken from two adjacent ponds which had been the subject of complaint and showed a high level of pollution from rotting vegetation. These ponds have now been filled in.

In general the condition of the rivers and streams remains good. In seven instances oil pollution was observed and was reported to the City Engineer. A complaint was also received from the City Engineer's

Department that their sub-contract workmen employed on the culverting work to the River Sherbourne in Lower Ford Street had observed crude sewage in the river. This was investigated and it was found that two sanitary conveniences in a nearby factory were discharging directly into the stream. These were taken out of use immediately.

OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

Registration of Premises

Once again the redevelopment of parts of the City has resulted in a reduction in the number of premises registered under the Act. At the 31st December, 1969, 2,953 were registered which is 48 less than the previous year. Many organisations have moved their premises as a result of this redevelopment and have re-registered under the Act.

Inspection of Premises

During the year 2,101 general inspections were carried out and a total of 7,585 visits of all kinds were made to premises to ensure compliance with the Act.

The fourth cycle of general inspection of premises has almost been completed, and with the maintenance of the present number of staff the target of one general inspection every eighteen months will be met.

Attitude of Occupiers and Employees

Once again it is felt that the employers are more co-operative and this is undoubtedly due to an increased familiarity with the Act, and to the fact that they are now dealing with an inspector they know and have found to be reasonable, and not with a stranger.

Employees are also more aware of the protection afforded them under the Act and during the year 31 complaints were received, an increase of 10 over last year. Thirteen of these related to inadequate sanitary accommodation and washing facilities and 10 to inadequate heating.

Operation of General Provisions of the Act

It is interesting to note that general conditions in premises are now much improved, and that lengthy lists of requirements to occupiers to ensure compliance with the Act are no longer needed.

The 2,101 general inspections made during the year is an increase of 332 over last year, whilst the number of other visits made to ensure compliance with contraventions found during these general inspections fell by 2,512, a decrease of 31·4%. This improvement in standards has meant that the programmed cycle of one general inspection every 18 months to all premises has been maintained notwithstanding lengthy periods of illness by both members of staff involved in this work.

In general the contraventions found during this current cycle of general inspections have related to the transitory provisions of the Act such as routine cleanliness (Section 4), adequate heating and provision of thermometers (Section 6), maintenance and repair of floor covering (Section 16) and adequate first aid kits (Section 24). During the inspec-

tion it has been a case of the stranger in the premises noticing that the floor covering is holed and worn or that the walls are dirty whereas the occupier, who is there daily, is unaware of the gradual deterioration.

Very few instances have occurred where structural alterations, for instance overcrowding (Section 5), ventilation (Section 7), lighting (Section 8) and provision of sanitary accommodation or washing facilities (Sections 9 and 10), have been required and these have been in premises previously satisfactory but now employing more staff and occupying different work rooms. It is now felt that no major problem requiring structural alterations should be found.

The practice of having all plans which are submitted to the City Engineer for building approval, examined by a Public Health Inspector has reaped considerable rewards. It has meant that all foreseeable contraventions of the Act can be discussed with the architect and prospective occupier. Through this architects are now becoming aware of the Act and are consulting my Department prior to the submission of the plans.

One problem that did occur during the year has been in chemists' shops where the sink provided for dispensing purposes has been used as a washing facility. When required to provide extra wash hand basins some opposition has been met from the occupiers who felt that their dispensing sinks were adequate.

Another situation came to light following a complaint from a male staff member of a large office that the ventilation within the office was inadequate. An investigation was carried out and it was found that the office had opening windows. However, the female staff outnumbered the male staff and refused to let them open the windows. An interesting insight into human nature!

Once again it has been considered that the personal comfort of employees is an important part of the requirements of the Act. Accordingly temperature and lighting surveys were again carried out during the early part of the year. Remedial steps taken in these instances under Sections 6 and 8 resulted in an immediate improvement in the heating and lighting arrangements.

Bacteriological samples were taken throughout the year from drinking water supplies within premises where it was felt that a risk to health could exist due to contamination (Section 11). In all instances the supply was found to be satisfactory.

Difficulty was experienced in one instance following the installation of a conveyor in a food supermarket (Section 17). This was considered to have several hazards from trips and other design defects. However, the manufacturers claimed that it had been approved by various local authorities and the matter is now being discussed with the officer appointed by the Department of Employment and Productivity under

Section 57 of the Act. In addition problems have occurred in premises from faulty electrical equipment and wiring. These hazards included faulty equipment, frayed wires and from using equipment by inserting the bare wires directly into the socket without the use of a plug.

Dangerous Acts — Section 27

Considerable attention has been given during the year to the inspection of premises such as builders warehouses, general warehouses etc., where it was felt that conditions potentially liable to cause injury to an employee could exist.

The conditions found were dealt with under the specific sections of the Act where applicable and by using the provisions of Section 27 of the Act for other non-specific hazards.

In one instance an accident notification was received from a large builders merchant's warehouse following an accident to an employee who had fallen from a ladder and broken his thigh. The accident was investigated and the inspection of the warehouse premises showed that the access to, and construction of, various storage areas were potentially extremely dangerous. The employees were expected to climb unsecured ladders to gain access to the storage areas, the floors of which ranged from ten to fifteen feet above ground level. The floors of these storage areas were, in the main, constructed of chip board and were unfenced, holed, weakened and insecure. Access between two storage areas was by crossing a loose piece of $\frac{3}{4}$ inch chip board across a gap of approximately two foot six inches, and access to the higher storage area was by climbing a loose folded pair of step ladders across a gap again of approximately two foot six inches between floors.

All other warehouses in the City have been inspected and dangerous conditions to a greater or lesser degree were found in thirty six per cent of the premises. One investigation of these premises resulted in legal proceedings being taken. This is reported elsewhere.

Exemptions — Sections 45 and 46

Only one application for exemption was received during the year. This was from the requirements of Section 9 to provide suitable sanitary accommodation and was granted.

At the end of the year two exemptions were currently in force. The circumstances in three instances where exemptions expired during the year, two under Section 9 and one under Section 10, are being reconsidered.

Accidents — Section 48

During the year 108 accidents were reported. This represents an increase of 11·8 per cent over the number of accidents reported last year and the trend shown last year of a decrease in accidents has not

been maintained. This increase is, however, largely due to a considerable increase in the number of accidents reported which were of a minor nature, but nevertheless resulted in the injured person being off work for three days or more. With the exception of retail shops, the reported numbers of accidents in the different categories of premises remains comparable and the increase in minor accidents has generally occurred in the retail shop. It is probable, therefore, that this increase does not reflect a higher incidence of accidents but a greater awareness of the obligation to report such incidents, particularly following the publicity this aspect has received.

Thirty seven accidents were investigated where it was thought that the accident was serious or that unusual circumstances could have existed. One investigation into an accident in a warehouse revealed general extremely dangerous conditions. This is reported elsewhere.

Regrettably the number of accidents caused by poor handling of goods and falls of persons remains high, being 40 per cent and 33·3 per cent respectively of the total number of accidents. Despite increased attention by my inspectors in advising employers and staff of the need to avoid accidents, carelessness and inattention to duty remain the principal causes of accidents and injury.

The only way to avoid accidents is to do "one's job" correctly and take the necessary time over it and not, as one shop assistant did, attempt to carry heavy goods in one hand and a knife in the other and, in hurrying, slipped on the floor and almost amputated several fingers.

Legal Proceedings

During the year legal proceedings were heard in one instance for non-compliance with the Act. This case related to contraventions of Sections 16 and 27 of the Act which were found to exist within a large wholesale cash and carry food warehouse. The contraventions were in respect of an unguarded chute opening used for the transfer of goods from first to ground floors; the holed and dangerous condition of the linoleum stair covering to the offices and to the use of an unsecured builders ladder to gain access to a first floor storage area. A plea of guilty was entered and a fine of £35 imposed.

In sixteen other cases authority was given by the Public Protection Committee to commence legal proceedings but in each case immediate steps were taken by the employer to ensure compliance with the Act. Proceedings were not, therefore, taken.

During the year an appeal to the Queens Bench Division of the High Court against the conviction of a firm of butchers in the Coventry Magistrates Court for an offence under Section 18(1) of the Offices, Shops and Railway Premises Act, 1963, was heard. This case and the Magistrates' decision was reported in my Annual Report for 1968.

The prosecution was taken against the firm for allowing a young person under the age of eighteen years to clean a piece of machinery, namely a hand operated bacon slicer, which in doing so exposed him to risk of injury from a moving part. The injury that he sustained was the loss of the tip of one of his fingers.

The defence submitted was that:

- (a) The blade of a hand operated bacon slicer was not a moving part within the meaning of the Section.
- (b) Despite the accident, the prosecution had not proved exposure to risk of injury.
- (c) That by managerial control, standing instructions, periodical instruction by the manager and by displaying form OSR 9, "all due diligence" was exercised and they were entitled to be acquitted under Section 67 of the Act.

The appeal was dismissed. It was held that Section 18(1) was absolute and that the only defence could be under Section 67 of the Act. However, to have exercised "all due diligence" the employer should have carried out more than the steps taken, and the Section imposed a special obligation of supervision which was not discharged. It was also held that any piece of machinery which was capable of movement was a "moving part" within the meaning of Section 18(1) whether the intention during the cleaning procedure was to move it or not.

Hoists and Lifts

On the 28th May, 1969, the Offices, Shops and Railway Premises (Hoists and Lifts) Regulations, 1969 came into force, and a letter was sent to all premises where lifts were known to exist, explaining the provisions of the Regulations.

These Regulations impose a special duty upon my inspectors to assess and consider the maintenance and construction of power and manually operated lifts within the City to ensure compliance with the Regulations. Where lifts were known to exist inspections have been carried out and where contraventions have been found steps have been initiated to have them remedied.

In one instance the structure and safety of the lift within a public house, in this case a dumb waiter, was considered so dangerous that advice was given to the occupier and the lift was immediately put out of use, avoiding any possibility of danger and also the need for legal action.

In another instance a report was submitted to the Public Protection Committee concerning the condition of a lift, namely a dumb waiter, and legal proceedings have been authorised.

REGISTRATIONS AND GENERAL INSPECTIONS, 1969

Class of Premises	Number of Premises Newly Registered During the Year	Total Number of Registered Premises at End of Year	Number of Registered Premises Receiving One or More General Inspections During the Year
Offices	90	777	564
Retail Shops	141	1,772	1,208
Wholesale Shops, Warehouses	9	116	43
Catering Establishments Open to the Public – Canteens	27	285	285
Fuel Storage Depots ..	0	3	1
TOTAL	267	2,953	2,101

Number of visits of all kinds (including general inspections) to registered premises 7,585

Class of Workplace	Number of Persons Employed
Offices	7,506
Retail Shops	9,970
Wholesale Departments, Warehouses ..	1,184
Catering Establishments Open to Public ..	2,592
Canteens	164
Fuel Storage Depots	53
Total	21,469
Total Males	8,053
Total Females	13,416

Number of inspectors appointed under Section 52 (1) & (5) of the Act 26

Number of other staff employed for most of their time on work in connection with the Act 2

PROSECUTIONS

Prosecutions Instituted of which the Hearing was Completed During the Year								
Section of Act or Title of Regulations or Order						No. of Informations Laid	No. of Informations Leading to a Conviction	
Section 16	..	..	..	..	..	1	1	
Section 27	..	..	..	..	..	1	1	

Number of persons or companies prosecuted 1

Number of complaints or summary applications made under
Section 22 Nil

Number of interim orders granted Nil

EXEMPTIONS

Section	Current at 31st Dec., 1969	Granted 1969	Refused or Withdrawn 1969
Space Section 5	Nil	Nil	Nil
Temperature Section 6	Nil	Nil	Nil
Sanitary Conveniences Section 9 ..	2	1	3
Washing Facilities Section 10	Nil	Nil	1

REPORTED ACCIDENTS

Workplace	Number Reported		Total No. Investigated	Action Recommended			
	Fatal	Non Fatal		Prosecution	Formal Warning	Informal Advice	No Action
Offices ..	Nil	5	3	Nil	Nil	3	2
Retail Shops..	Nil	77	22	Nil	1	21	55
Wholesale Shops, Warehouses..	Nil	11	4	Nil	Nil	4	7
Catering Establishments Open to Public	Nil	15	8	Nil	2	6	7
Fuel Storage Depots ..	Nil	Nil	Nil	Nil	Nil	Nil	Nil
TOTAL ..	Nil	108	37	Nil	3	34	71

ANALYSIS OF REPORTED ACCIDENTS

	Offices	Retail Shops	Wholesale Warehouses	Catering Establishments Open to Public – Canteens	Fuel Storage Depots
Machinery	1	1	1	Nil	Nil
Transport	Nil	Nil	Nil	Nil	Nil
Falls of Persons ..	2	23	4	7	Nil
Stepping on or Striking against Object or Person	1	Nil	Nil	1	Nil
Handling Goods ..	Nil	22	2	2	Nil
Struck by Falling Object	Nil	7	Nil	3	Nil
Fires and Explosions ..	Nil	Nil	Nil	Nil	Nil
Electricity	Nil	Nil	Nil	Nil	Nil
Use of Hand Tools ..	Nil	8	1	1	Nil
Non Powered Vehicles	Nil	1	Nil	Nil	Nil
Not Otherwise Specified	1	15	3	1	Nil

ACCIDENT BREAKDOWN ACCORDING TO WORKPLACE

Code No.	Classification and Cause of Accident	Office	Retail Shop	Wholesale or Ware-houses	Catering Establish-ments Open to Public - Canteens	Fuel Storage Depots	Total
13	Power driven machinery in motion	1	—	1	—	—	2
14	Power driven machinery not in motion ..	—	1	—	—	—	1
31	Non-powered vehicles ..	—	1	—	—	—	1
45	Hand tools ..	—	8	1	1	—	10
51	Falls on stairs	2	8	—	2	—	12
52	Falls from lad-ders and steps	—	2	—	—	—	2
53	Falls from one level to another	—	2	2	—	—	4
54	Falls on same level	—	11	2	5	—	18
61	Collisions ..	—	—	—	1	—	1
62	Handling goods	—	22	2	2	—	26
63	Struck by falling object	1	7	—	3	—	11
64	Not otherwise specified ..	1	15	3	1	—	20
	TOTAL ..	5	77	11	15	—	108

ACCIDENTS TO WORKERS UNDER 18 YEARS OLD MALE

No.	Code	Classification and Cause
4	45	Handling Tools
2	62	Handling Goods
TOTAL		6 Accidents to Males under 18 years of age

FEMALE

No.	Code	Classification and Cause
3	51	Falls on Stairs
4	63	Struck by Falling Object
4	64	Not Specified
TOTAL		11 Accidents to Females under 18 years of age

FACTORIES ACT, 1961
TABLE 1 — INSPECTION

Premises	Number on Register	Number of		
		Inspections	Written Notices	Occupiers Prosecuted
1. Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authority	16	12	4	—
2. Factories not included in 1, in which Section 7 is enforced by the Local Authority	965	215	28	—
3. Other Premises in which Section 7 is enforced by the Local Authority (excluding outworkers premises)	8	3	—	—
Total	989	230	32	—

TABLE 2 — DEFECTS

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred To H.M. Inspector | By H.M. Inspector		
Want of cleanliness (S.1)	4	4	—	—	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable temperature (S.3) ..	—	—	—	—	—
Inadequate ventilation (S.4) ..	—	—	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary Conveniences (S.7): ..					
(a) Insufficient	—	—	—	—	—
(b) Unsuitable or defective ..	28	19	—	26	—
(c) Not separate for sexes ..	—	—	—	—	—
Other offences against the Act (not including offences relating to outwork)	—	—	—	—	—
Total	32	23	—	26	—

TABLE 3 — HOMEWORK
(Sections 133-134)

Nature of Work	Section 133			Section 134		
	No. of outworkers in August list required by Section 133(1)(c)	No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in unwholesome premises	Notices served	Prosecutions
Wearing Apparel { Making etc., Cleaning and Washing	33	—	—	—	—	—
Total	33	—	—	—	—	—

SWIMMING BATHS AND PADDLING POOLS

Type	No.	No. of Samples			
		Bacteriological		Chemical	
		Satisfactory	Unsatisfactory	Satisfactory	Unsatisfactory
Public Swimming Baths	3 (6 pools)	29	—	46	3
School Pools ..	20	—	—	76	—
Paddling Pools ..	6	4	—	63	19
Other Pools ..	2	2	—	12	3

During the year 221 visits were made to the swimming pools and paddling pools within the City. Two of the public swimming baths are owned by the Local Authority and contain 5 pools, whilst the third is a privately owned open air pool. The paddling pools are all in local parks.

All the samples of water taken for bacteriological examination were found to be satisfactory, and the chemical samples taken from the school pools showed that during the year the conditions were maintained at a satisfactory level.

However, six chemical samples taken from swimming pools were examined for free residual chlorine levels and for alkalinity, and were found to be unsatisfactory. Advice was given, and a satisfactory level of free available chlorine was restored by plant adjustment and the use of supplementary chemical treatment. In addition, bacteriological samples were taken which proved satisfactory.

As in previous years, the paddling pools presented a difficult problem again due to the shallowness of the water and the high number of users. On 19 occasions, chemical samples showed that the free residual chlorine level was too low. This was corrected by plant adjustment and found, after further examination, to be satisfactory. However, in order to maintain a continually satisfactory standard at the paddling pools, improved plant is required in some cases and a system of more continuous supervision is necessary at certain pools. Four bacteriological samples were taken from the paddling pools and found satisfactory.

PREVENTION OF DAMAGE BY PESTS ACT, 1949

Total number of properties in the City	..	..	..	128,139
Number of properties inspected following complaint	..	..	2,615	
Number infested by rats	..	..	1,982	
Number infested by mice	..	..	461	
Properties inspected other than following complaint	..	..	858	
Number infested by rats	..	..	421	
Number infested by mice	..	..	14	
Number of waste sites treated	..	..	228	
Number of sewer treatments made	..	..	9,710	
Numbers indicating infestations	..	..	512	
Total number of baits laid	..	..	20,129	
Total number of inspections	..	..	10,419	

COVENTRY CORPORATION ACT, 1948

SECTION 57 — HAIRDRESSERS AND BARBERS PREMISES

Number of applications for registration	..	..	..	23
Number of registrations deleted	..	..	..	1
Total number of registrations at year end	..	..	..	292
Number of inspections of registered premises	..	..	..	207

ANIMAL BOARDING ESTABLISHMENTS ACT, 1963

Three licences were issued for the year, subject to conditions set out in each licence. Inspections were made of all licensed premises.

RIDING ESTABLISHMENTS ACT, 1964

Four licences to keep a riding establishment were issued for the year. Inspections were made of all premises.

PET ANIMALS ACT, 1951

Twenty licences were issued for the year. Inspections were made of all premises.

SUMMARY OF VISITS 1969

Total visits and inspections	..	..	..	..	77,642
1. Houses inspected under Public Health Act	..	..	..	..	2,075
2. Other visits under Public Health Act	..	..	..	..	8,875
3. Houses inspected under Housing and Rent Acts	..	..	..	..	20,630
4. Houses in Multiple Occupation inspected	..	..	..	..	1,745
5. Visits and Inspections under Caravan Sites Act	..	..	..	..	207
6. Visits under Clean Air Acts	..	..	..	..	3,110
7. Visits and Inspections under Noise Abatement Act	..	..	..	..	1,263
8. Visits and Inspections under Food and Drugs Act	..	..	..	..	2,385
9. VISITS TO FOOD PREMISES:					
Individual food premises inspected	..	..	..	..	9,437
a. Bakehouses	..	..	..	..	161
b. Catering Premises – Public	..	..	..	..	1,185
c. Catering Premises – Industrial and Others	..	..	..	..	637
d. Catering Premises – School	..	..	..	..	377
e. Dairies and Milkshops	..	..	..	..	448
f. Food Vehicles	..	..	..	..	454
g. Licensed Premises	..	..	..	..	1,108
h. Registered Food Premises	..	..	..	..	1,160
i. Other Food Premises	..	..	..	..	4,833
10. OTHER SPECIAL VISITS:					
11. Hairdressing premises	..	..	..	..	207
12. Special Premises – miscellaneous legislation	..	..	..	..	46
13. Visits under miscellaneous legislation	..	..	..	..	8,502
14. Pest Control	..	..	..	..	10,419
15. Visits to factories with power	..	..	..	..	215
16. Visits to factories without power	..	..	..	..	12
17. Factories Act – Other visits	..	..	..	..	3
18. VISITS UNDER OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963:					
a. Offices G.I.	..	..	..	..	703
b. Offices O.V.	..	..	..	..	1,222
c. Retail Shops G.I.	..	..	..	..	1,517
d. Retail Shops O.V.	..	..	..	..	2,940
e. Wholesale Shops/Warehouses G.I.	..	..	..	..	143

f.	Wholesale Shops/Warehouses O.V.	..	..	247
g.	Catering Establishments G.I.	..	..	364
h.	Catering Establishments O.V.	..	..	446
i.	Fuel Storage G.I.	..	..	1
j.	Fuel Storage O.V.	..	..	2

G.I. = General Inspection of Premises

O.V. = Other Visits to Premises

WORK EFFECTED UNDER THE PUBLIC HEALTH ACTS HOUSING ACTS AND OTHER ACTS

Year	..	..	..	..	1967	1968	1969
Number of complaints received	..	..	..	..	3,790	3,352	3,946
Number of Houses Repaired	..	..	..	..	625	427	563

NOTICES SERVED

Public Health Act – Informal	..	..	..	..	1,093
Public Health Act – Statutory	..	..	..	..	924
Housing Act	..	..	..	..	624
Food Hygiene Regulations	..	..	..	..	1,275
Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations	..	..	..	..	59
Factories Act	..	..	..	..	32
Clean Air Acts	..	..	..	..	12
Noise Abatement Act	..	..	..	..	27
Offices, Shops and Railway Premises Act	..	..	..	..	1,065
Other Legislation	..	..	..	..	41

STATISTICAL TABLES AND CHARTS

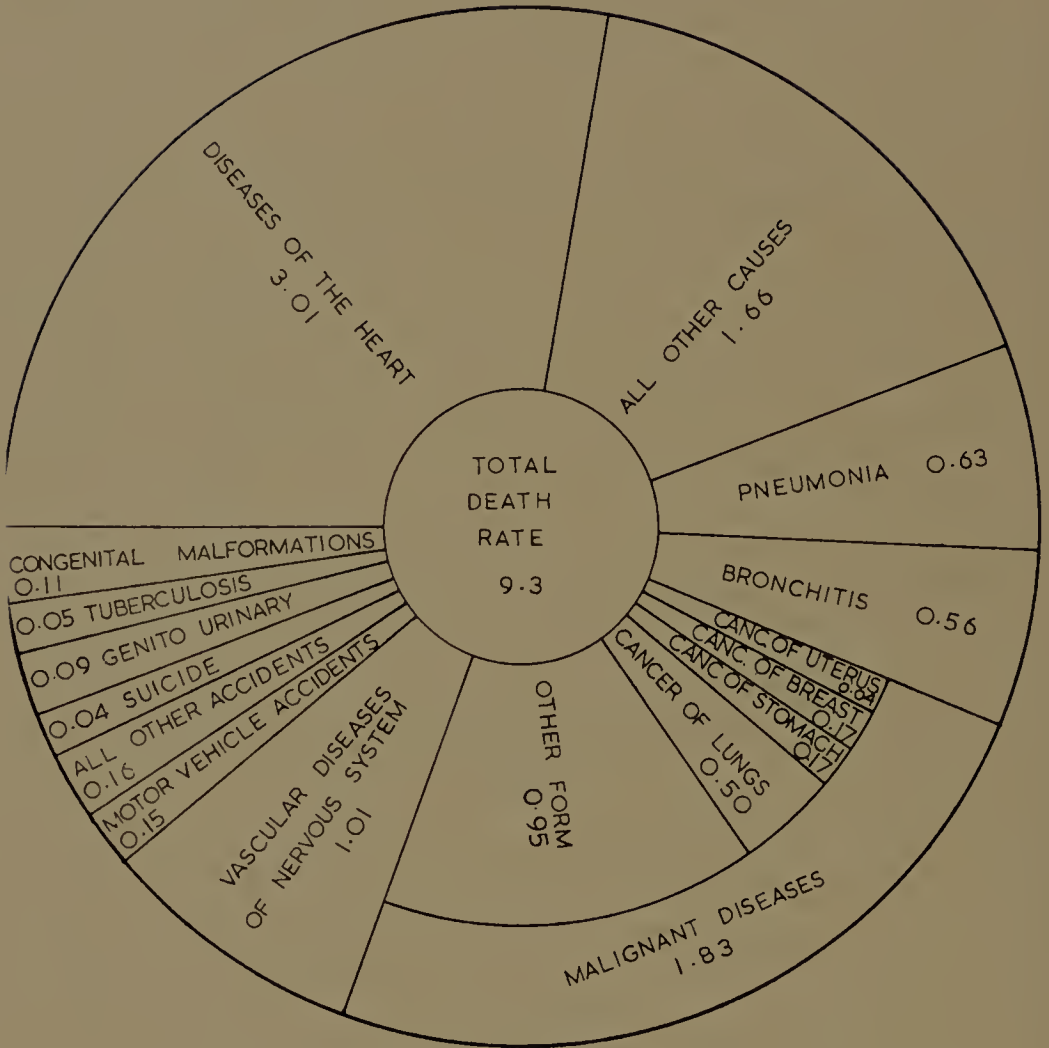
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**TABLE OF VITAL STATISTICS OVER A PERIOD OF
TEN YEARS FOR COVENTRY, ENGLAND AND WALES**

Year	Birth Rate		Death Rate		Infantile Mortality Rate	
	Coventry	England and Wales	Coventry	England and Wales	Coventry	England and Wales
1958	18.38	16.4	8.8	11.7	30.2	22.6
1959	19.02	16.5	8.8	11.6	26.3	22.2
1960	20.61	17.1	9.16	11.5	27.29	21.9
1961	20.5	17.4	9.2	12.0	23.4	21.6
1962	20.94	18.0	9.49	11.9	24.6	21.6
1963	21.01	18.2	9.37	12.2	20.3	20.9
1964	20.1	18.4	8.9	11.3	20.5	20.0
1965	20.25	18.0	9.1	11.5	22.3	19.0
1966	19.87	17.7	8.95	11.7	20.36	19.0
1967	19.33	17.2	9.1	11.2	22.1	18.3
1966	19.2	16.9	9.0	11.9	22.0	18.0
1969	18.4	16.3	9.3	11.9	22.0	18.0

PRINCIPAL CAUSES OF DEATH

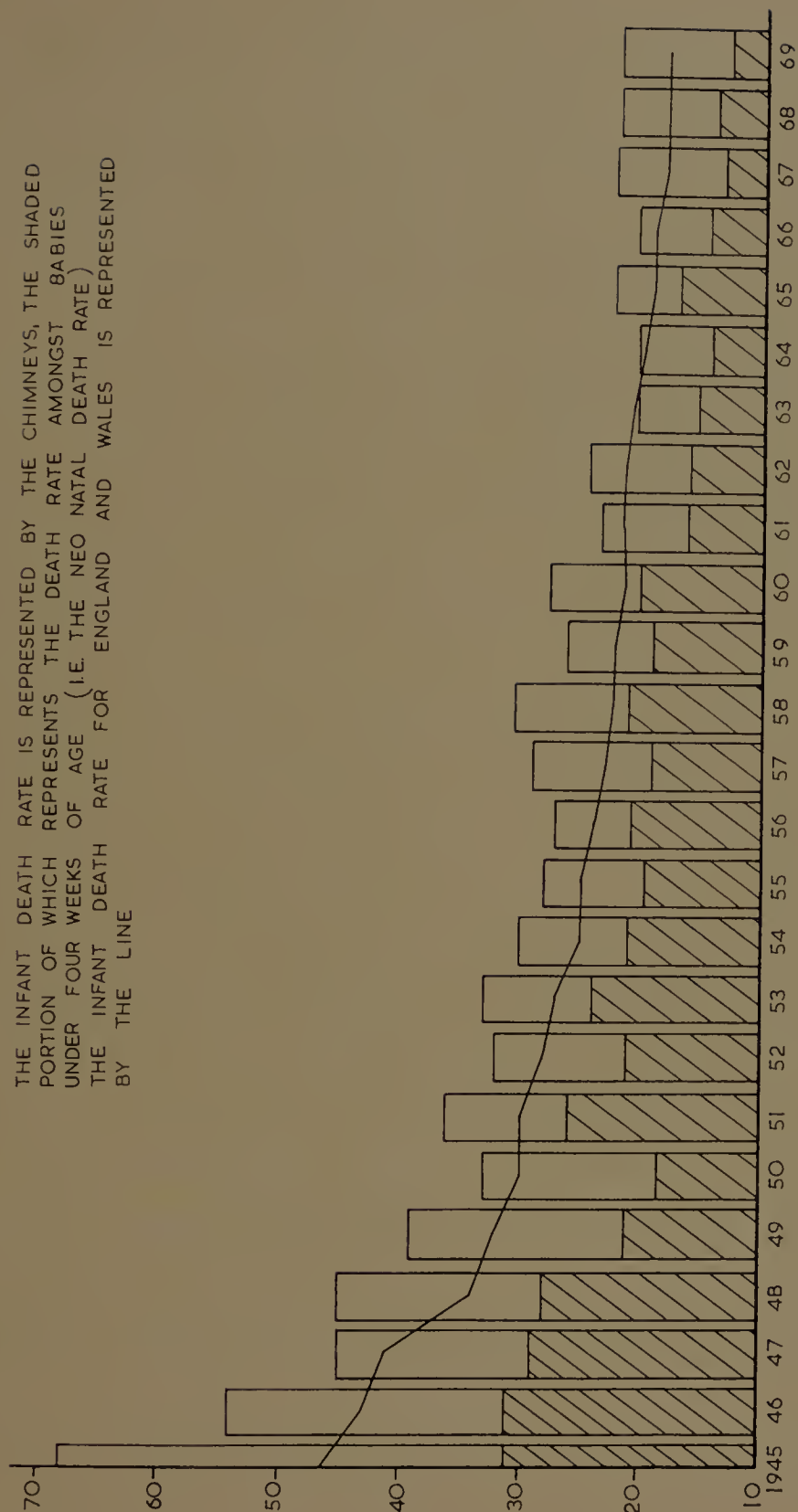
PROPORTION TO TOTAL CAUSES 1969



TOTAL NUMBER OF DEATHS 3137

CHART SHOWING INFANT MORTALITY PER 1000 BIRTHS IN COVENTRY

THE INFANT DEATH RATE IS REPRESENTED BY THE CHIMNEYS, THE SHADED PORTION OF WHICH REPRESENTS THE DEATH RATE AMONGST BABIES UNDER FOUR WEEKS OF AGE (I.E. THE NEO NATAL DEATH RATE) THE INFANT DEATH RATE FOR ENGLAND AND WALES IS REPRESENTED BY THE LINE



CAUSES OF AND AGES AT DEATH, 1969

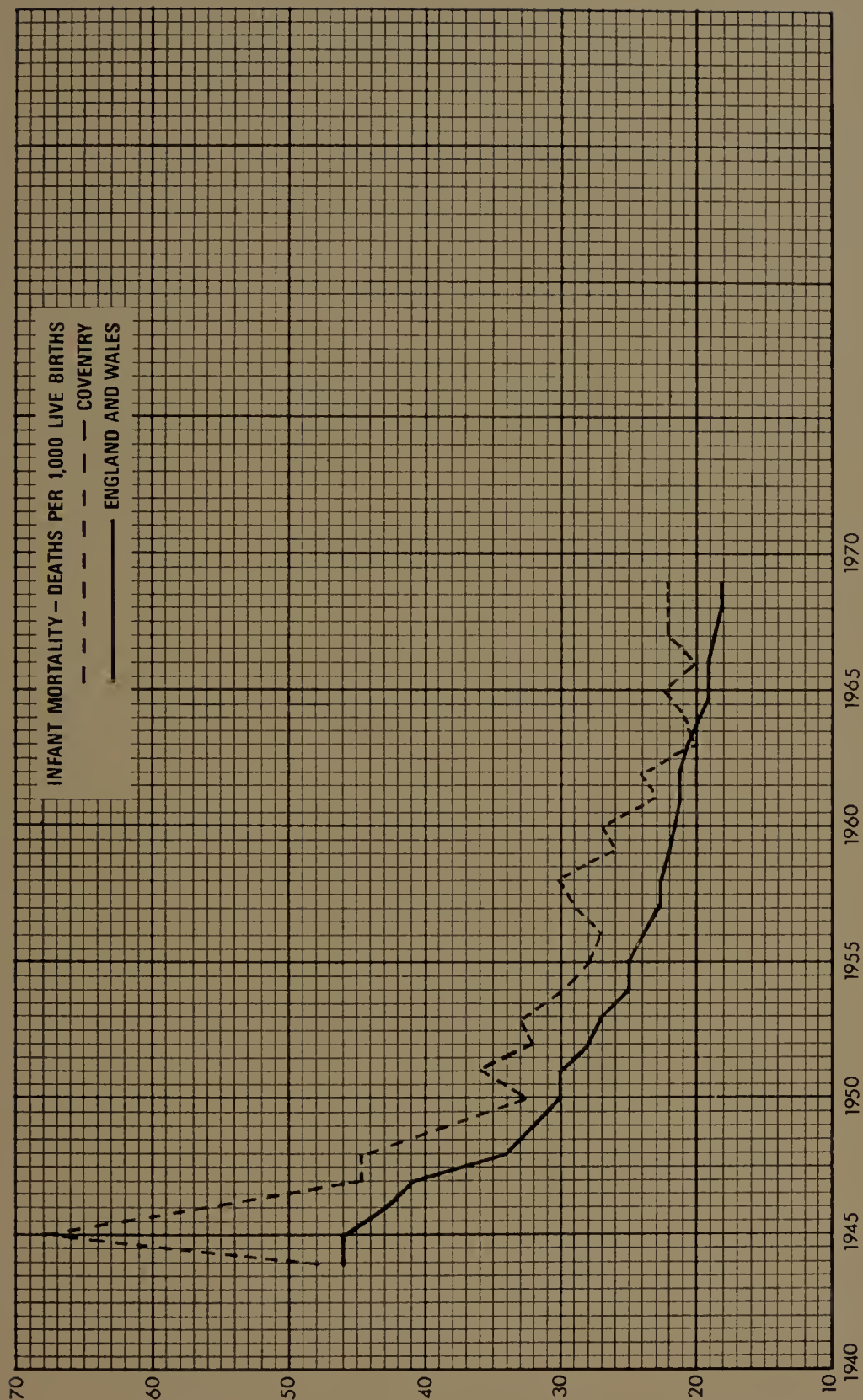
CAUSES OF DEATH	Total Deaths 1969			Under 1 year	1-5 years	5-15 years	15-45 years	45-65 years	65 and over
	Males	Females	Total						
Enteritis and other Diarrhoeal Diseases	5	6	11	7	2	—	—	—	2
Tuberculosis Respiratory	4	2	6	—	—	—	1	1	4
Other Tuberculosis incl. late effects	4	3	7	—	—	—	—	5	2
Measles	1	—	1	1	—	—	—	—	—
Syphilis and its Sequelae	2	—	2	—	—	—	—	—	2
Other infective and parasitic diseases	6	2	8	—	—	1	—	—	3
Malignant Neoplasm — Buccal cavity	7	2	9	—	—	—	1	2	6
Malignant Neoplasm — Oesophagus	10	6	16	—	—	—	—	7	9
Malignant Neoplasm — Stomach	31	27	58	—	—	—	1	18	39
Malignant Neoplasm — Intestine	64	43	107	—	—	—	8	35	64
Malignant Neoplasm — Larynx	9	—	9	—	—	—	—	6	3
Malignant Neoplasm — Lungs and Bronchus	149	20	169	—	—	—	5	82	82
Malignant Neoplasm — Breast	—	58	58	—	—	—	3	29	26
Malignant Neoplasm — Uterus	—	16	16	—	—	—	3	5	8
Malignant Neoplasm — Prostate	22	—	22	—	—	—	—	4	18
Leukaemia	10	5	15	—	—	2	3	6	4
Other malignant neoplasms	79	64	143	—	—	1	14	54	74
Benign and unspecified Neoplasms	2	3	5	—	—	—	1	3	1
Diabetes Mellitus	16	27	43	—	—	—	3	11	29
Avitaminoses	2	—	2	2	—	—	—	—	—
Other Endocrine etc. Diseases	4	8	12	3	—	—	4	3	2
Anaemias	4	8	12	—	—	—	1	—	11
Other diseases of blood	1	1	2	—	—	—	—	1	1
Mental disorders	1	—	1	—	—	—	1	—	—
Meningitis	1	—	1	1	—	—	—	—	—
Other diseases of Nervous System etc.	15	18	33	—	2	—	7	9	15
Chronic Rheumatic Heart Disease	19	38	57	—	1	—	2	20	34
Hypertensive Disease	31	28	59	—	—	—	1	15	43
Ischaemic Heart Disease	497	300	797	—	—	—	21	240	536
Other forms of Heart Disease	68	89	157	—	—	—	6	17	134
Cerebrovascular Disease	149	190	339	—	—	—	8	68	263
Other diseases of circulatory system	37	40	77	—	—	—	—	13	64
Influenza	8	11	19	—	—	1	1	9	8
Pneumonia	99	114	213	10	2	—	—	29	172
Bronchitis and Emphysema	136	51	187	—	—	—	—	53	134
Asthma	4	6	10	—	—	1	1	6	2
Other diseases of Respiratory System	35	29	64	28	1	—	1	11	23
Peptic Ulcer	15	6	21	—	—	—	—	10	11
Appendicitis	2	1	3	—	—	—	1	1	1
Intestinal Obstruction and Hernia	6	9	15	4	—	—	1	—	10
Cirrhosis of Liver	9	5	14	—	—	—	—	12	2
Other diseases of Digestive System	6	20	26	1	1	—	2	5	17
Nephritis and Nephrosis	8	11	19	—	—	—	2	4	13
Hyperplasia of Prostate	4	—	4	—	—	—	—	—	4
Other diseases genito urinary system	16	16	32	1	—	—	3	5	23
Other complications of Pregnancy etc.	—	1	1	—	—	—	1	—	—
Diseases of skin subcutaneous tissue	—	1	1	—	—	—	1	—	—
Diseases of musculo-skeletal system	4	14	18	—	1	—	2	6	9
Congenital anomalies	13	24	37	26	3	1	3	2	2
Birth injuries — difficult labour etc.	26	12	38	38	—	—	—	—	—
Other causes of Perinatal Mortality	7	4	11	11	—	—	—	—	—
Symptoms and Ill-Defined Conditions	6	12	18	—	—	—	—	—	18
Motor Vehicle Accidents	33	18	51	—	1	4	22	13	11
All Other Accidents	31	25	56	4	6	4	14	7	21
Suicide and Self-Inflicted Injuries	8	7	15	—	—	—	6	9	—
All Other External Causes	5	5	10	—	1	—	5	2	2
Total — all causes	1731	1406	3127	138	21	15	166	834	1962

VITAL STATISTICS OF CITY FROM 1936 to 1969 INCLUSIVE

Year	Population estimated to middle of each year	Live Births			Total Deaths Registered in the City		Transferable Deaths		Nett Deaths belonging to the City			
		Un-corrected Number	Nett		Number	Rate per 1,000 population	of Non-residents registered in the City	of Residents not registered in the City	Under 1 Year of Age		At all Ages	
			Number	Rate per 1,000 population					Number	Rate per 1,000 Births	Number	Rate per 1,000 population
1936	192,360	3,009	2,912	15.1	1,960	10.1	100	101	151	51.8	1,961	10.1
1937	206,500	3,306	3,254	15.7	2,154	10.4	126	128	158	48.5	2,156	10.4
1938	219,900	3,274	3,624	16.5	2,074	9.4	139	156	208	56.0	2,091	9.5
1939	234,000	4,155	4,155	17.7	2,179	9.3	100	129	227	54.6	2,208	9.4
1940	229,400	3,973	3,973	16.4	3,157	13.0	238	298	248	63.0	3,217	13.3
1941	193,070	3,301	3,301	17.1	2,097	10.1	141	670	156	54.8	2,483	12.8
1942	207,200	3,996	3,996	19.3	1,617	8.0	59	577	249	62.3	2,076	10.2
1943	214,870	4,889	4,889	21.2	1,683	7.3	57	593	244	49.9	2,219	9.6
1944	220,400	5,466	5,466	22.8	1,664	6.9	81	583	265	48.4	2,166	9.0
1945	221,970	4,949	4,949	22.2	1,847	8.3	68	569	338	68.2	2,348	10.5
1946	232,850	4,326	5,225	22.4	1,856	7.9	69	562	284	54.3	2,349	10.0
1947	242,860	4,787	5,643	23.2	2,051	8.4	126	503	255	45.1	2,428	9.9
1948	250,400	4,249	5,101	20.3	1,803	7.2	65	489	232	45.5	2,227	8.8
1949	254,900	3,931	4,743	18.6	1,862	7.3	71	552	187	39.4	2,414	9.4
1950	256,800	3,956	4,450	17.3	1,864	7.3	113	569	145	32.6	2,433	9.4
1951	258,100	3,576	4,326	16.7	2,176	8.4	99	608	154	35.6	2,685	10.4
1952	261,000	3,389	4,159	15.9	1,836	7.0	94	605	132	31.7	2,347	8.9
1953	263,000	3,524	4,250	16.1	1,952	7.4	88	373	142	33.4	2,237	8.5
1954	264,600	3,465	4,171	15.76	1,938	7.3	100	336	127	30.4	2,174	8.2
1955	267,300	3,576	4,300	16.99	2,133	8.0	123	314	120	27.9	2,324	8.7
1956	272,600	3,876	4,640	17.02	2,131	7.8	118	241	124	26.7	2,254	8.3
1957	277,300	4,099	4,925	17.76	2,016	7.3	116	320	141	28.6	2,200	8.0
1958	281,000	4,395	5,164	18.38	2,027	7.2	118	577	156	30.2	2,486	8.8
1959	285,700	4,640	5,433	19.02	2,153	7.5	147	517	143	26.3	2,523	8.8
1960	291,000	5,066	5,998	20.61	2,287	7.9	137	518	163	27.2	2,668	9.16
1961	305,780	5,086	6,269	20.5	2,447	8.0	137	506	147	23.4	2,816	9.2
1962	310,640	4,947	6,504	20.94	2,541	8.4	149	556	160	24.6	2,949	9.49
1963	313,900	5,009	6,594	21.01	2,388	7.7	164	595	134	20.3	2,940	9.37
1964	315,670	4,870	6,362	20.1	2,469	7.5	153	513	134	20.5	2,829	8.9
1965	327,120	4,978	6,623	20.25	2,541	7.9	146	586	148	22.3	2,979	9.1
1966	331,950	5,808	6,581	19.87	2,402	7.3	152	591	134	20.36	2,971	8.95
1967	333,850	6,252	6,455	19.33	2,522	7.5	143	525	143	22.1	3,047	9.1
1968	335,410	6,382	6,431	19.2	2,682	7.7	133	476	141	22.0	3,025	9.0
1969	335,650	1,543	6,179	18.4	2,777	5.2	206	566	138	22.0	3,139	9.3

INFANT MORTALITY, 1969

Cause of Death	Under four weeks	Four weeks and under one year	Total
Enteritis and other Diarrhoeal Diseases ..	2	5	7
Meningococcal infection	—	—	—
Measles	—	1	1
Other infective and Parastic Diseases ..	—	—	—
Other Endocrine etc. Diseases	2	—	2
Meningitis	1	—	1
Pneumonia	1	9	10
Other diseases of Respiratory System ..	3	25	28
Intestinal obstruction and hernia	2	2	4
Congenital Abnormalities	20	6	26
Birth injury, difficult labour, etc.	38	—	38
Other causes of perinatal mortality	11	—	11
All other accidents	1	3	4
Total — All causes	81	51	132



VITAL STATISTICS (Historical Summary)

Year	Houses Inhabited (December)	Vacant	Population (Mid-year)	Mortality	Infection Mortality	Deaths under one year per 1,000 born	Birth Rate	Year	Houses Inhabited (December)	Vacant	Population (Mid-year)	Mortality	Infection Mortality	Deaths under one year per 1,000 born	Birth Rate
1801	2,930	—	16,034	—	—	—	—	1831	5,444	*421	184,900	9.7	0.16	46.5	14.4
1811	3,448	*60	17,923	—	—	—	—	1832	5,444	*590	190,000	10.1	0.20	51.8	15.1
1821	3,729	*114	21,448	—	—	—	—	1833	5,444	—	192,360	10.4	0.18	48.5	15.7
1831	5,444	*421	27,298	—	—	—	—	1834	5,444	—	206,500	9.5	0.13	56.0	16.5
1841	6,531	*590	31,032	—	—	—	—	1835	6,531	—	229,900	9.4	—	54.6	17.7
								1836	7,783	*151	—	—	—	—	—
								1837	8,991	*1,026	—	—	—	—	—
1851	7,783	*151	36,812	27.0	—	—	—	1838	8,991	*816	229,400	13.3	0.11	63.0	16.4
1861	8,991	*1,026	40,936	25.0	—	—	—	1839	8,991	*816	229,400	13.3	0.11	63.0	16.4
1871	8,535	*816	37,670	22.0	—	—	—	1840	8,535	*816	229,400	13.3	0.11	63.0	16.4
1881	9,239	*643	42,111	20.0	3.3	150.0	35.4	1841	9,239	*643	207,200	12.8	0.21	54.8	17.1
1891	11,465	*284	52,724	18.5	1.7	142.0	32.0	1842	11,465	*284	214,870	9.6	0.23	49.9	21.2
1901	15,571	353	69,978	16.96	1.9	153.7	29.8	1843	15,571	—	220,400	9.0	0.24	48.4	24.8
1911	23,515	95	106,349	13.7	1.4	109.3	28.0	1844	23,515	—	221,970	10.5	0.30	68.2	22.2
1921	28,355	*502	128,157	11.3	0.7	83.6	23.2	1845	28,355	—	232,850	10.0	0.32	54.3	22.4
1931	41,275	*917	167,083	10.1	0.2	67.7	15.7	1846	41,275	—	242,860	9.9	0.18	45.1	23.2
1951	—	—	258,211	10.7	0.17	52.4	18.0	1847	—	—	250,400	8.8	0.10	45.5	20.3
								1848	—	—	254,900	9.4	0.11	39.4	18.6
1911	23,615	95	107,287	13.3	2.08	109.8	26.9	1849	23,615	—	256,800	9.4	0.06	32.6	17.3
1912	24,590	50	111,166	11.9	1.35	76.1	26.4	1850	24,590	—	258,100	8.9	0.03	35.6	16.7
1913	25,051	113	115,064	11.4	0.84	91.6	26.0	1951	25,051	—	261,000	8.5	0.05	31.7	15.9
1914	25,860	99	119,003	11.7	0.70	84.6	26.0	1952	25,860	—	263,000	8.2	0.04	33.4	16.1
1915	26,667	56	122,982	12.9	1.39	87.8	23.8	1953	26,667	265	264,000	8.7	0.05	30.4	15.76
1916	27,366	12	127,089	10.9	1.23	87.5	23.5	1954	27,366	157	267,300	8.3	0.06	27.9	16.09
1917	27,531	15	130,000	10.4	0.47	78.5	20.2	1955	27,531	400	272,600	8.0	0.07	26.7	17.02
1918	27,735	25	133,000	14.6	0.42	92.5	20.7	1956	27,735	500	277,300	8.8	0.032	28.6	17.76
1919	27,829	20	136,000	9.3	0.32	82.8	18.2	1957	27,829	750	281,000	8.8	0.014	30.2	18.38
1920	27,973	48	130,000	9.8	0.35	76.0	25.0	1958	27,973	800	285,700	9.16	—	26.3	19.02
1921	28,355	*502	128,157	10.2	0.25	79.3	22.1	1959	28,355	800	305,780	9.2	0.009	23.4	20.5
1922	28,661	72	129,000	10.6	0.34	70.4	18.9	1960	28,661	800	310,640	9.49	0.003	24.6	20.94
1923	29,414	40	130,500	9.3	0.20	64.9	16.9	1961	29,414	800	313,900	9.37	0.003	20.3	21.01
1924	29,685	90	132,000	9.6	0.19	79.4	16.0	1962	29,685	800	315,670	8.9	0.003	20.5	20.1
1925	30,199	83	133,500	10.6	0.30	77.1	15.3	1963	30,199	800	327,120	9.1	0.003	22.3	20.25
1926	31,034	111	135,000	9.7	0.15	68.9	15.7	1964	31,034	800	331,950	8.95	0.006	20.36	19.87
1927	32,260	151	139,000	10.2	0.23	63.4	14.8	1965	32,260	900	333,850	9.1	0.009	22.1	19.33
1928	38,474	175	161,600†	9.6	0.34	65.7	14.4	1966	38,474	956	335,410	9.0	0.01	22.0	19.2
1929	39,374	750	163,700	12.1	0.63	73.1	14.8	1967	39,374	900	335,410	9.0	0.008	22.0	18.4
1930	40,519	800	165,800	10.1	0.32	57.0	14.5	1968	40,519	900	335,250	9.0	0.008	22.0	18.4
								1969	—	—	—	—	—	—	—

*This number includes all business offices, whether in dwelling houses or factories not occupied on the night the Census was taken.

†This number omits all business offices, factories, etc.

‡In these years an extension of the City boundaries took place.

*The Census returns show unoccupied "dwellings" — not houses

VENEREAL DISEASES

Return Relating to Cases Treated at the Coventry and Warwickshire Hospital, 1969

New cases of infections	Totals	Males	Females
1. Syphilis:			
(i) Primary	3	2	1
(ii) Secondary	4	4	—
(iii) Latent in first year of Infection	—	—	—
(iv) Cardio-vascular	1	1	—
(v) Of the nervous system	—	—	—
(vi) All other late latent stages	4	1	3
(vii) Congenital (under 1 year)	—	—	—
(viii) Congenital (over 1 year)	1	1	—
Total of Lines included in 1	13	9	4
2. Gonorrhoea	497	332	165
3.			
(i) Chancroid	1	1	—
(ii) Lymphogranuloma Venereum (Syn. Lymphogranuloma Inguinale)	1	1	—
(iii) Granuloma Inguinale (Syn. Granuloma Venereum)	—	—	—
(iv) Non-Gonococcal Urethritis	363	363	—
(v) Non-Gonococcal Urethritis with Arthritis	3	3	—
(vi) Trichomonal infestations	—	—	—
(vii) Late or Latent Treponematoses presumed to be non-Syphilitic	8	6	2
(viii) Other conditions requiring treatment within the centre	594	252	342
(ix) Conditions requiring no treatment within the centre	546	408	138
(x) Undiagnosed Conditions	—	—	—
Total of Lines included in 3	1,516	1,034	482
Cases transferred in from other centres	5	4	1
Grand Totals (1, 2 and 3)	2,026	1,371	651

Tuberculosis — Ten Year Summary

Year	Cases on Register		Cases Notified (or brought to notice)		Deaths			
	Pulmonary	Non-Pulmonary	Pulmonary	Non-Pulmonary	Pulmonary		Non-Pulmonary	
					No.	Rate	No.	Rate
M. 1960	1,681	169	172	16	35	0·17	3	0·010
F. 1960	1,165	175	98	27	15		0	
M. 1961	1,508	149	99	11	48	0·18	2	0·013
F. 1961	1,028	165	48	13	9		2	
M. 1962	1,405	137	99	6	38	0·15	0	0·003
F. 1962	915	160	36	19	9		1	
M. 1963	1,309	133	101	14	38	0·16	0	0·016
F. 1963	817	153	44	17	12		5	
M. 1964	1,225	137	77	20	46	0·19	1	0·003
F. 1964	752	153	35	16	14		—	
M. 1965	1,195	141	123	24	20	0·12	1	0·009
F. 1965	707	144	67	13	10		2	
M. 1966	1,132	143	93	14	27	0·11	1	0·003
F. 1966	678	141	64	16	7		—	
M. 1967	1,044	149	83	16	43	0·15	—	0·006
F. 1967	610	150	42	20	7		2	
M. 1968	981	153	69	15	30	0·11	2	0·006
F. 1968	580	150	38	19	9		—	
M. 1969	958	171	79	20	4	0·011	4	0·011
F. 1969	566	163	47	25	2		3	

RAINFALL

Total Rainfall Recorded in Inches from 1895–1964

	Average for 10 years	Highest	Lowest
1895 – 1905	24·41	32·75 in 1900	19·87 in 1898
1905 – 1914	26·47	37·02 in 1912	21·35 in 1905
1915 – 1924	27·25	31·96 in 1924	17·44 in 1921
1925 – 1930	26·95	33·09 in 1927	20·96 in 1934
1935 – 1944	25·67	32·81 in 1939	20·28 in 1943
1945 – 1954	25·69	32·49 in 1951	20·59 in 1947
1955 – 1964	24·39	34·34 in 1960	19·37 in 1964

	TOTALS FOR THE PAST 10 YEARS		
1960	30·34	1965	28·42
1961	23·45	1966	31·93
1962	19·57	1967	22·50
1963	22·00	1968	26·34
1964	19·37	1969	26·90

CITY OF COVENTRY HEALTH DEPARTMENT SUMMARY OF INFECTIOUS DISEASES NOTIFIED DURING 1969

Diseases	No. notified	No. admitted to hospital	Age Groups										Area of Occurrence														
			0-1	1-2	3-4	5-9	10-14	15-24	25-44	45-64	65+	Bablake	Binley and Willenhall	Cheylesmore	Earlsdon	Foleshill	Godiva	Henley	Holbrooks	Longford	Lower Stoke	Radford	St. Michael's	Sherbourne	Upper Stoke	Westwood	Whoberley
Acute Meningitis	3	3	2	1									2							1							
Aseptic Meningitis	26	26											4							1	1			1	3	2	
Dysentery	284	20	14	107	59	35	8	18	40	3			4	20	14	2	33	10	106	8	18	17	3	10	7	2	6
Food Poisoning	71	9	5	3	4	6	7	17	23	7	1		4	6	4	4	5	1	8	8	6	7	4	7		1	5
Infective Jaundice	168	14		5	14	48	31	27	38	5			4	20	6	3	5	3	24	10	10	8	11	16	3	11	4
Measles	344	6	27	107	86	112	6	2	4				42	24	32	10	19	5	47	18	9	6	19	21	22	12	9
N.P.T.B.	53	21		1	1		5	10	18	12	6	2	2	2	2		14	7		2	3	2	2	12			2
Ophthalmia Neonatorum	1		1													1											
Paratyphoid fever	1	1						1							1												
P.T.B.	126	63		3	6	11	10	28	31	30	7	4	11	3	1	21	18	12	12	3	6	11	3	20	3	4	2
Scarlet Fever	176	3	2	13	42	91	20	7	1			8	34	30	16	6	1	13	12	12	4	5	8	2	3	1	6
Typhoid Fever	3	3					1	1	1														3				
Whooping Cough	41	1	6	10	18	7						2	6			1	9	1	6	1	1		2	2			7

METEOROLOGICAL OBSERVATIONS MADE AT TORRINGTON AVENUE, COVENTRY, 1969

Lat. 50° 23' 26" N. Long 1° 31' 4" W. Height of rim of rain gauge above Main Sea Level, 338 ft.

The cistern of the barometer is situated 301.75 feet above sea level

	Baro- meter Ins.	Air Temperature °F				Hygrometer °F				Earth °F Temp.		Hours Bright Sunshine		Cl'd	Inches Rain and other Forms of Precipitation				Weather Number of days of							Wind Force (0—8)																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																													
		Absolute Minimum and Maximum				Mean of Observa- tions at 9 a.m.				At 1 foot depth	At 4 feet depth	Daily Mean	Percentage of Average		Number of Days	Total Fall	Most in a day		Snow or Sleet	Snow lying	Hail	Thunder heard	Fog. (9h. G.M.T.)	Air Frost	Ground Frost			Gale	Number of Obser- vations Force 4+	Calm of Light Wind																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																									
		Maximum	Day of Month	Minimum	Day of Month	Dry Bulb	Depression of Wet Bulb	Vapour Pressure	Humidity								Amount	Day of Month																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
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